

# **TexMedConnect Long Term Care User Guide**



# Contents

<b>Terms and Abbreviations.</b>	<b>1</b>
<b>Introduction</b>	<b>3</b>
<b>Requirements</b>	<b>3</b>
<b>Training and Support</b>	<b>4</b>
TexMedConnect Training	4
Technical Support	4
Claims Support.	4
<b>Getting Started.</b>	<b>5</b>
Navigation Panel	7
<b>MESAVs</b>	<b>8</b>
Submitting a MESAV Interactively	8
Creating a MESAV Group Template	11
Submitting a MESAV Group Template.	14
Viewing a MESAV Batch History	17
MESAV - Other Insurance (OI) Applicable to SGs 1, 6, 8	19
MESAV Medicare Eligibility	21
<b>Filing a Claim</b>	<b>22</b>
Entering a Claim on TexMedConnect	22
Entering a Professional Claim	26
Entering a Dental Claim	30
Entering an Institutional Claim	32
Nurse Aide Training (NAT)	45
<b>Saving a Claim</b>	<b>48</b>
Draft Claims	49
Saving Draft Claims	49
Viewing Draft Claims	50
Individual Templates	51
Saving as an Individual Template.	51
Viewing Individual Templates	51
Group Templates	53
Viewing Group Templates	53
Creating New Group Templates	54
Saving as a Group Template	59

Batch Claims . . . . .	<b>60</b>
Saving To a Batch . . . . .	<b>60</b>
Submitting a Batch. . . . .	<b>61</b>
View Batch History . . . . .	<b>63</b>
<b>Claims Data Export . . . . .</b>	<b>70</b>
<b>Claims Status Inquiry (CSI) . . . . .</b>	<b>74</b>
CSI Search: Lookup Fee For Service Claim by Claim Request . . . . .	<b>75</b>
CSI Search: Lookup Fee For Service Claim by Client Claim Request. . . . .	<b>76</b>
CSI Search: Lookup Managed Care Claim by Transaction Number . . . . .	<b>77</b>
CSI Search: Lookup Managed Care Claim by MCO ICN . . . . .	<b>80</b>
<b>Adjustments . . . . .</b>	<b>82</b>
Creating an Adjustment for a Fee-For-Service Claim . . . . .	<b>82</b>
Saving and Submitting an Adjustment . . . . .	<b>88</b>
<b>Remittance and Status (R&amp;S) Reports. . . . .</b>	<b>89</b>
Viewing the PDF Version . . . . .	<b>89</b>
Downloading the ANSI 835 Version . . . . .	<b>91</b>
<b>Claims Identified for Potential Recoupment (CIPR) Reports . . . . .</b>	<b>93</b>

# Terms and Abbreviations

API	Atypical Provider Identifier
ARD	Assessment Reference Date
CBA	Community Based Alternatives
CMS	Centers for Medicare & Medicaid Services
CS	Community Services
CSI	Claim Status Inquiry
DADS	Department of Aging and Disability Services
DLN	Document Locator Number
EDI	Electronic Data Interchange
EOB	Explanation of Benefits
ETN	EDI Transaction Number
FFS	Fee For Service
FSI	Form Status Inquiry
HHSC	Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization (Note: HMO has been changed to MCO)
ICF/IID	Intermediate care facility/facilities for individuals with an intellectual disability or related conditions
ICN	Internal Control Number
ID	Intellectual Disabilities
IDD	Intellectual and Developmental Disabilities
LTC	Long Term Care
MCO	Managed Care Organization (Formerly HMO)
MCO ICN	Managed Care Organization Internal Control Number
MESAV	Medicaid Eligibility and Service Authorization Verification
MN	Medical Necessity
NF	Nursing Facility
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
OES	Office of Eligibility Services
OIG	Office of the Inspector General
PDF	Portable Document Format
R&S	Remittance and Status
RUG	Resource Utilization Group
SAS	Service Authorization System
SC	Service Code
SCSA	Significant Change in Status Assessment
SG	Service Group

SSN	Social Security Number
STAR+PLUS	State of Texas Access Reform (STAR) + PLUS
TAC	Texas Administrative Code
THCA	Texas Health Care Association
TMB	Texas Medical Board
TMHP	Texas Medicaid & Healthcare Partnership

# Introduction

TexMedConnect is a free, online claims submission application provided by Texas Medicaid & Healthcare Partnership (TMHP). Technical support and training for TexMedConnect are also available free of charge from TMHP. Providers can use TexMedConnect to submit claims, Medicaid Eligibility and Service Authorization Verifications (MESAVs), Claim Status Inquiries (CSI), and Adjustments.

Providers can also download Electronic Remittance and Status (ER&S) Reports and the Claims Identified for Potential Recoupment (CIPRR) Report. TexMedConnect can interactively accept individual claims that are processed in seconds.

## Requirements

You must have an Internet connection and either Internet Explorer® 6.0, 7.0, 8.0, or 9.0 to access TexMedConnect. TMHP only offers technical support for TexMedConnect when it is used with one of these versions of Internet Explorer.

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**Note:** Please refer to the article “Update: TexMedConnect Incompatible with Internet Explorer 9” on the TMHP website at [www.tmhp.com](http://www.tmhp.com), for information about troubleshooting Internet Explorer incompatibility.

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# Training and Support

## TexMedConnect Training

The TexMedConnect for Long Term Care Providers computer-based training (CBT) module is an online course that can be reviewed at your own pace. It is available in the Provider Education section of the TMHP website at [www.tmhp.com](http://www.tmhp.com).

## Technical Support

You can contact the TMHP Electronic Data Interchange (EDI) Help Desk at 1-888-863-3638, Monday through Friday 7:00 a.m. to 7:00 p.m., for Long Term Care technical issues. The TMHP EDI Help Desk provides technical assistance for TexMedConnect and the TMHP EDI Gateway. Contact your system administrator for assistance with modem, hardware, or Internet connectivity issues.

## Claims Support

You can contact the TMHP LTC Helpdesk at 1-800-626-4117, Option 1, for questions about claims, Monday through Friday 7:00 a.m. to 7:00 p.m.



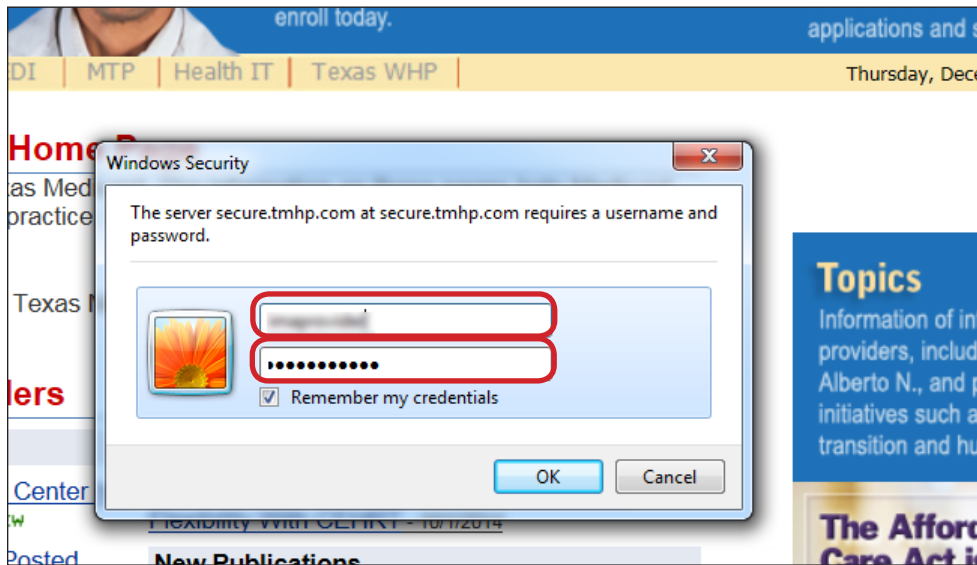
# Getting Started

You can access TexMedConnect from the Long Term Care page of the TMHP website. To use TexMedConnect you must already have an account on the TMHP website. If you do not have an account, you can set one up using the information provided in the [TMHP Website Security Provider Training Manual](#).

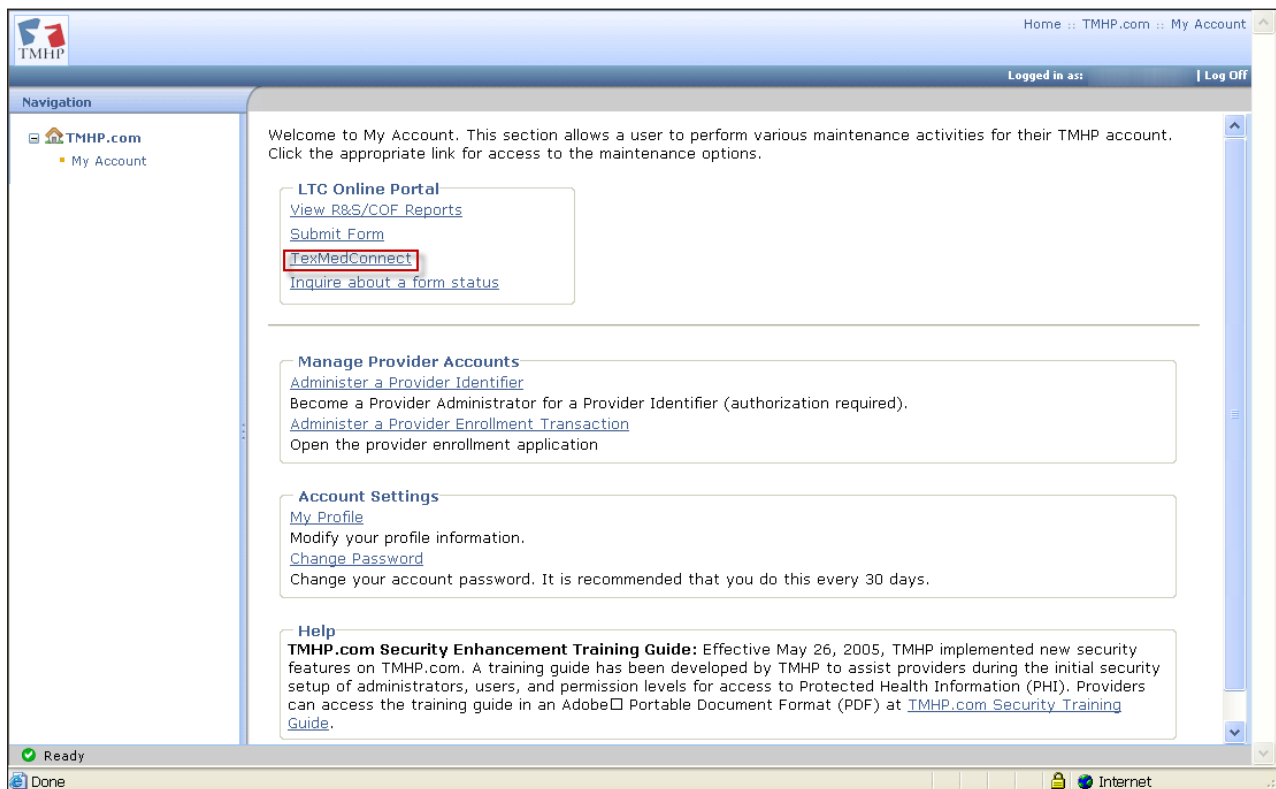
- 1) On the Long Term Care screen, click the “Log In to TexMedConnect” button.

The screenshot shows the TMHP Long Term Care website. The header includes the TMHP logo, navigation links (Texas Medicaid, CSHCN, Family Planning, Long Term Care, EDI, MTP, Health IT, Texas WHP), and a date (Sunday, February 10, 2013). The main content area is titled 'Long Term Care Home Page' and features a sidebar with links like 'Program Information/FAQ', 'DADS Information Letters', 'Reference Material', 'Forms', 'Provider Support Services', 'Provider Education', and 'Helpful Links'. The main content area includes a 'News Articles - Last 7 Days' section with links to 'Reminder: Scheduled System Maintenance February 10, 2013' and 'Single Service Authorization System (SSAS) Deployment for ICF/IID Providers Has Been Postponed'. A 'Recent News Articles' section lists 'DADS Information Letters' and 'System Information'. On the right, there is a 'TexMedConnect' banner with the text 'Get started with online claims filing. Click here.' and a red box highlighting the 'Log In to TexMedConnect' button.

- 2) Enter your User name and Password, and click the “OK” button. As an option, you can save your log in information by putting a check in the “Remember my credentials box.”



- 3) The My Account page will open to display all of the website features to which you have access. Click the TexMedConnect link.



## Navigation Panel

All of the available transactions are located under Long Term Care in the left navigation panel. You can select any activity to which you have access. A user's access rights determine which options are available in the left navigation panel. The provider administrator will grant access rights to the account. The complete details of how to setup access rights can be found in the [TMHP Website Security Provider Training Manual](#).

# MESAVs

Nursing Facility individuals with managed care eligibility segments must have service authorizations verified by the appropriate MCO. NFs should contact MCOs directly to determine service authorizations. NFs can use the Managed Care eligibility section at the bottom of the MESAV to verify enrollment with an MCO.

## Submitting a MESAV Interactively

To verify an individual's eligibility:

- 1) Click the **MESAV** link under the MESAV section on the navigation panel.



- 2) Complete the following required fields:
  - Provider NPI/API\* & Contract No.  
\*National Provider Identifier (NPI)/Atypical Provider Identifier (API)
  - Eligibility Start Date
  - Eligibility End Date

### MESAV Entry

Please enter the required information and click "Submit" to view the eligibility of the client.

NPI/API & Contract No.:

Eligibility Start Date:

Format: mm/dd/ccyy

Eligibility End Date:

Format: mm/dd/ccyy

Client Information:

Please enter one of the following valid field combinations:

- Medicaid/Client# and Last Name
- or Medicaid/Client# and DOB
- or Medicaid/Client# and SSN
- or SSN and Last Name
- or SSN and DOB
- or Last Name, First Name and DOB

Medicaid/Client No.:

Format: 123456789

Social Security Number:

Format: 123-45-6789 or 123456789

Date of Birth:

Format: mm/dd/ccyy

Last Name:

First Name:

Submit

- 3) You must also enter additional information in any of the following field combinations:
  - Medicaid/Client No. and Last Name
  - Medicaid/Client No. and Date of Birth
  - Medicaid/Client No. and Social Security Number
  - Social Security Number and Last Name
  - Social Security Number and Date of Birth
  - Last Name, First Name, and DOB

If you perform more than one interactive MESAV, the NPI or API and contract number on the MESAV Entry page will default to the last one that you used.

- 4) Click the “Submit” button.

## MESAV Entry

Please enter the required information and click "Submit" to view the eligibility of the client.

NPI/API & Contract No.:

Eligibility Start Date:

Format: mm/dd/ccyy

Eligibility End Date:

Format: mm/dd/ccyy

Client Information:

Please enter one of the following valid field combinations:  
 Medicaid/Client# and Last Name  
 or Medicaid/Client# and DOB  
 or Medicaid/Client# and SSN  
 or SSN and Last Name  
 or SSN and DOB  
 or Last Name, First Name and DOB

Medicaid/Client No.:

Format: 123456789

Social Security Number:

Format: 123-45-6789 or 123456789

Date of Birth:

Format: mm/dd/ccyy

Last Name:

First Name:

Submit

- 5) The MESAV results screen will allow you to print the MESAV results in a Portable Document Format (PDF) file. To print the PDF click the “PDF” icon at the top right of the screen. If you want to print a paper copy of the results, click the “Print” button on your browser’s toolbar.

[New Lookup](#)
[Return with Search criteria](#)

General Disclaimer

Payment is not based solely on any single piece of information listed below. This data may change. Outstanding claims may affect the number of units.

Nursing Facility clients with managed care eligibility segments must have service authorizations verified by the appropriate MCO.

Client Information

Client No./Trainee SSN	123456789
DOB	12/12/1980
Gender	M
SSN	123-45-6789
Name	JOHN DOE
Address	12345 MAIN ST, APT 100, DALLAS, TX 75201
County	DALLAS
Medicare No.	

Inquiry Information

NPI/API	123456789
Eligibility From	12/12/1980
Eligibility Through	12/12/1980
Medicaid /Client No.	123456789
Social Security Number	123-45-6789
Date of Birth	12/12/1980
Last Name	DOE
First Name	JOHN
M.I.	G
Suffix	

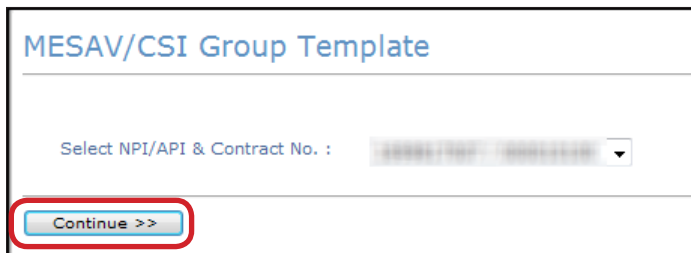
## Creating a MESAV Group Template

The Group Template feature allows you to create a list of individual's for whom you would like to verify eligibility. To create a MESAV group template and add an individual:

- 1) Click the **Group Template** link under the MESAV section on the navigation panel.



- 2) The MESAV/CSI Group Template screen will open. Choose the appropriate NPI or API and contract number from the NPI/API & Contract No. drop-down box, and then click the “Continue” button.

A screenshot of the 'MESAV/CSI Group Template' screen. The title 'MESAV/CSI Group Template' is at the top. Below the title is a label 'Select NPI/API & Contract No. :' followed by a drop-down menu. At the bottom of the screen, there is a button labeled 'Continue >>' which is highlighted with a red rectangular box.

- 3) If you have already created a group and want to add an individual to one of the existing Group Templates, click the link from the list that is displayed under the Name of the group column and skip to Step 5.

### MESAV/CSI Group Template

NPI/API 1499817007 / Contract No. 000010100

New Group:

Name of the group	User ID	Created Date	Last Updated Date	
<a href="#">1499817007</a>	1499817007	10/01/2008	10/16/2008	<a href="#">Delete</a>
<a href="#">1499817007</a>	1499817007	10/01/2008	09/02/2014	<a href="#">Delete</a>
<a href="#">1499817007</a>	1499817007	10/08/2008	08/14/2009	<a href="#">Delete</a>
<a href="#">1499817007</a>	1499817007	10/08/2008	10/08/2008	<a href="#">Delete</a>

- 4) If you have not created a group or want to add an individual to a new Group Template, enter the New Group name of your choice, and click the “Add Group” button.

### MESAV/CSI Group Template

NPI/API 1499817007 / Contract No. 000010100

New Group:

- 5) To add an individual to the Group Template, click the “Add Client” button.

### MESAV/CSI Group Template - 1499817007

NPI/API 1499817007 / Contract No. 000010100

From Date of Service:   Format mm/dd/yyyy

To Date of Service:   Format mm/dd/yyyy

Select All	First Name	Last Name	Client #	SSN	Date of Birth			
<input type="checkbox"/>	1499817007	1499817007	1499817007	1499817007	1499817007	<a href="#">MESAV</a>	<a href="#">CSI</a>	<a href="#">Delete</a>




- 6) The Add Client page will open. Enter the individual's information. If you do not have the individual's Client Number, you must use one of the following combinations to find the individual:
- Social Security Number and Last name
  - Social Security Number and Date of birth
  - Last name, First name, and Date of birth

### Add Client

NPI/API XXXXXXXXXX / Contract No. XXXXXXXXXX

Client Number:

Social Security Number:

Date of birth:  

First name:

Last name:

Lookup

**Lookup Criteria**

Client #

or Combination of SSN and DOB

or First Name, Last Name and DOB

or SSN and Last Name.

Go Back


- 7) Click the “Lookup” button.

### Add Client

NPI/API XXXXXXXXXX / Contract No. XXXXXXXXXX

Client Number:

Social Security Number:

Date of birth:  

First name:

Last name:

Lookup

**Lookup Criteria**

Client #

or Combination of SSN and DOB

or First Name, Last Name and DOB

or SSN and Last Name.

Go Back

- 8) To add the individual, click the **Add to group** link.

**Add Client**

NPI/API : [REDACTED] / Contract No [REDACTED]

Client Number: [REDACTED]

Social Security Number: [REDACTED]

Date of birth: [REDACTED]

First name: [REDACTED]

Last name: [REDACTED]

**Lookup**

**Lookup Criteria**  
 Client #  
 or Combination of SSN and DOB  
 or First Name, Last Name and DOB  
 or SSN and Last Name.

First Name	Last Name	Client #	SSN	Date of Birth	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<a href="#">Add to group</a>

**Go Back**

- 9) The individual will be added to the MESAV Group Template that you are working on.
- You can create up to 100 groups for each NPI or API and contract number.
  - Each group can contain up to 250 individuals.
  - You can view, add, and delete individuals from the list.

## Submitting a MESAV Group Template

To verify eligibility using a group template:

- 1) Click the Group Template link under the MESAV section on the left navigation panel.



- 2) Choose the appropriate NPI or API and contract number from the NPI/API & Contract No. drop-down box, and click the “Continue” button.

**MESAV/CSI Group Template**

Select NPI/API & Contract No. : XXXXXXXXXX-XXXXXXXXXX

[Continue >>](#)

- 3) Select one of the templates listed under “Name of the group” to open the group list.

**MESAV/CSI Group Template**

NPI/API XXXXXXXXXX / Contract No. XXXXXXXXXX

New Group:  [Add Group](#)

Name of the group	User ID	Created Date	Last Updated Date	
<span style="border: 1px solid red; padding: 2px;">XXXXXXXXXX</span>	XXXXXXXXXX	10/01/2008	10/16/2008	<a href="#">Delete</a>
<span style="border: 1px solid red; padding: 2px;">XXXXXXXXXX</span>	XXXXXXXXXX	10/01/2008	09/02/2014	<a href="#">Delete</a>
<span style="border: 1px solid red; padding: 2px;">XXXX</span>	XXXXXXXXXX	10/08/2008	08/14/2009	<a href="#">Delete</a>
<span style="border: 1px solid red; padding: 2px;">XXXX</span>	XXXXXXXXXX	10/08/2008	10/08/2008	<a href="#">Delete</a>

- 4) Enter a date range in the ‘From Date of Service’ and ‘To Date of Service’ fields. The date range can be up to three months long.

**MESAV/CSI Group Template - XXXXXXXXXX**

[Go Back](#) [Add Client](#)

NPI/API XXXXXXXXXX / Contract No. XXXXXXXXXX

From Date of Service:  Format mm/dd/yyyy

To Date of Service:  Format mm/dd/yyyy

Select All	First Name	Last Name	Client #	SSN	Date of Birth			
<input type="checkbox"/>	XXXX	XXXX	XXXXXXXXXX		MM/DD/YYYY	MESAV	CSI	<a href="#">Delete</a>

[Submit MESAV Batch](#)

- 5) Check the individual boxes of the templates that you want to submit, or to submit all of the templates, check the “Select All” box.

The screenshot shows the 'MESAV/CSI Group Template' interface. On the left is a navigation menu with options like 'Long Term Care', 'MESAV', 'Claims', 'CSI', and 'Adjustments'. The main area displays a table of templates. The first column of the table has a 'Select All' checkbox, which is highlighted with a red box. The table columns are: First Name, Last Name, Client #, SSN, Date of Birth, and two columns for template types (MESAV and CSI), each with a 'Delete' link.

Select All	First Name	Last Name	Client #	SSN	Date of Birth	MESAV	CSI	Delete
<input type="checkbox"/>	JOHNSON	JOHNSON	2787100001		12/15/1971	MESAV	CSI	Delete
<input type="checkbox"/>	WILLIAMS	LAMBERT	302144002		10/10/1952	MESAV	CSI	Delete
<input type="checkbox"/>	LOVE	LOVE	307113074		11/19/1945	MESAV	CSI	Delete
<input type="checkbox"/>	ISA	WARRICK	402277001		06/18/1948	MESAV	CSI	Delete
<input type="checkbox"/>	DAVIS	WILSON	308000017	402277001	11/10/1952	MESAV	CSI	Delete
<input type="checkbox"/>	BEHAR	WILSON	302144002		10/10/1952	MESAV	CSI	Delete
<input type="checkbox"/>	ISA	WARRICK	402277001		06/18/1948	MESAV	CSI	Delete
<input type="checkbox"/>	DAVIS	WILSON	308000017	402277001	11/10/1952	MESAV	CSI	Delete
<input type="checkbox"/>	BEHAR	WILSON	302144002		10/10/1952	MESAV	CSI	Delete
<input type="checkbox"/>	ISA	WARRICK	402277001		06/18/1948	MESAV	CSI	Delete
<input type="checkbox"/>	DAVIS	WILSON	308000017	402277001	11/10/1952	MESAV	CSI	Delete
<input type="checkbox"/>	BEHAR	WILSON	302144002		10/10/1952	MESAV	CSI	Delete
<input type="checkbox"/>	ISA	WARRICK	402277001		06/18/1948	MESAV	CSI	Delete
<input type="checkbox"/>	DAVIS	WILSON	308000017	402277001	11/10/1952	MESAV	CSI	Delete
<input type="checkbox"/>	BEHAR	WILSON	302144002		10/10/1952	MESAV	CSI	Delete
<input type="checkbox"/>	ISA	WARRICK	402277001		06/18/1948	MESAV	CSI	Delete
<input type="checkbox"/>	DAVIS	WILSON	308000017	402277001	11/10/1952	MESAV	CSI	Delete

At the bottom left, there is a 'Submit MESAV Batch' button.

- 6) Click the “Submit MESAV Batch” button at the bottom left of the screen.

This is a close-up of the bottom of the screen from the previous screenshot. It shows the last few rows of the table and the 'Submit MESAV Batch' button at the bottom left, which is highlighted with a red box.

<input type="checkbox"/>	DAVIS	WILSON	308000017	402277001	11/10/1952	MESAV	CSI	Delete
<input type="checkbox"/>	BEHAR	WILSON	302144002		10/10/1952	MESAV	CSI	Delete
<input type="checkbox"/>	ISA	WARRICK	402277001		06/18/1948	MESAV	CSI	Delete
<input type="checkbox"/>	DAVIS	WILSON	308000017	402277001	11/10/1952	MESAV	CSI	Delete
<input type="checkbox"/>	BEHAR	WILSON	302144002		10/10/1952	MESAV	CSI	Delete
<input type="checkbox"/>	ISA	WARRICK	402277001		06/18/1948	MESAV	CSI	Delete
<input type="checkbox"/>	DAVIS	WILSON	308000017	402277001	11/10/1952	MESAV	CSI	Delete

Submit MESAV Batch

## Viewing a MESAV Batch History

To view a MESAV Batch History:

- 1) Click the **MESAV Batch History** link under the MESAV section on the navigation panel.



- 2) Choose the appropriate NPI or API and contract number from the NPI/API & Contract No. drop-down box, and click the “Continue” button.

The screenshot displays the 'Mesav Batch History' form. At the top, the title 'Mesav Batch History' is shown in blue. Below the title, there is a label 'Select NPI/API & Contract No. :' followed by a dropdown menu. The dropdown menu is currently closed, showing a greyed-out selection. At the bottom of the form, there is a button labeled 'Continue >>'.

- 3) Click the Batch ID of the Claim that you would like to view.

Batch History						
NPI/API <span>XXXXXXXXXX</span> / Contract No. <span>XXXXXXXXXX</span>						
	Batch ID	Status	Claim Count	Total Billed Amount	Transmission Date	Submitted By
✓	<a href="#">G184L8CZ</a>	Processed	2	\$ 5,477.40	08/06/2014 01:03:57 PM	<span>XXXXXXXXXX</span>
✓	<a href="#">G244LBSX</a>	Processed	1	\$ 3,800.32	08/12/2014 11:51:16 AM	<span>XXXXXXXXXX</span>
✓	<a href="#">G254LCS2</a>	Processed	1	\$ 10.00	08/13/2014 04:11:45 PM	<span>XXXXXXXXXX</span>
✓	<a href="#">G274LEBU</a>	Processed	2	\$ 2,748.70	08/14/2014 08:35:09 AM	<span>XXXXXXXXXX</span>
✓	<a href="#">G374LIU3</a>	Processed	1	\$ 10.00	08/25/2014 09:37:49 AM	<span>XXXXXXXXXX</span>
✓	<a href="#">G374LIU6</a>	Processed	1	\$ 3,800.32	08/25/2014 10:17:28 AM	<span>XXXXXXXXXX</span>
✓	<a href="#">G374LIU7</a>	Processed	1	\$ 10.00	08/25/2014 10:25:21 AM	<span>XXXXXXXXXX</span>
✓	<a href="#">G374LIUA</a>	Processed	1	\$ 2,738.70	08/25/2014 10:28:15 AM	<span>XXXXXXXXXX</span>
✓	<a href="#">G374LIUB</a>	Processed	1	\$ 3,800.32	08/25/2014 10:32:19 AM	<span>XXXXXXXXXX</span>
✓	<a href="#">G374LIUC</a>	Processed	1	\$ 120.00	08/25/2014 10:38:17 AM	<span>XXXXXXXXXX</span>
✓	<a href="#">G654MVJN</a>	Processed	2	\$ 2,748.70	09/22/2014 12:34:54 PM	<span>XXXXXXXXXX</span>
✓	<a href="#">G654MVJO</a>	Processed	2	\$ 2,748.70	09/22/2014 12:42:28 PM	<span>XXXXXXXXXX</span>
✓	<a href="#">G654MVJP</a>	Processed	1	\$ 3,800.32	09/22/2014 12:42:28 PM	<span>XXXXXXXXXX</span>
✓	<a href="#">H144PPGP</a>	Processed	1	\$ 2,738.70	11/10/2014 11:12:12 AM	<span>XXXXXXXXXX</span>
✓	<a href="#">H184TXMH</a>	Processed	3	\$ 8,216.10	11/14/2014 02:07:00 PM	<span>XXXXXXXXXX</span>

- 4) The MESAV will open in a new window. Review the Status for each client number you selected.

<b>General Disclaimer:</b> Payment is not based solely on any single piece of information listed below. This data may change. Outstanding claims may affect the number of units.									
<b>CLIENT INFORMATION</b>					<b>INQUIRY INFORMATION</b>				
Client No./Trainee SSN:					NPI/API:				
DOB:					Eligibility From:				
Gender:					Eligibility Through:				
SSN:					Medicaid/Client No.:				
Name:					Social Security Number:				
Address:					Date of Birth:				
County:					Last Name:				
Medicare No.:					First Name:				
					M.I.:				
					Suffix:				
<b>SERVICE AUTHORIZATION INFORMATION/DETAILS</b>									
Effective	End	Referral	Status	Service	Service	Service	Service	Service	Client
Date	Date	Number		Group	Group Description	Code	Code Description		Control No.
-No Data-									
Units	Unit	Units	Proc.	Proc.	Proc.				
Paid	Type		Code	Type	Description				
-No Data-									
<b>AGENT</b>									
Agent Name					Agent Title			Agent Phone	
-No Data-									
<b>AUTHORIZATION MESSAGE</b>									
Message Code					Message Description				
-No Data-									
<b>MONTHLY UNITS</b>									
Service Group		Service Code		Effective Year Month		Max Units Available		Units Paid	
-No Data-									
<b>ELIGIBILITY</b>									
Begin Date		End Date		Coverage Code		Secondary Coverage Code		Program Type	
-No Data-									
<b>OTHER INSURANCE POLICIES</b>									
<b>Insurance Company Name</b>					<b>Policy Information</b>				
Insurance Company Address					Subscriber First Name				
Insurance Company City					Subscriber Last Name				
Insurance Company State					Relationship to Client				
Insurance Company ZIP Code					Employer Name				
Insurance Company Phone Number					Group Number				
<b>Lines of Coverage</b>									
Type of Coverage		Effective Date		Termination Date		Long Term Care-Relevant			
MEDICAID SUPPLEMENT POLICY		10/1/2003		12/31/3999		Yes			
<b>MEDICAID</b>									
Effective Date		Termination Date		Add Date		Medicare Type		CMS Code (Federal)	
1/1/1985		12/31/3999		7/19/2011		B		PlanID	
1/1/1985		12/31/3999		1/20/2009		A		Contract Number Link	
<b>MEDICAL NECESSITY</b>									
Begin Date					End Date				
-No Data-									
<b>LEVELS</b>									
Begin Date		End Date		Level		Type			

## MESAV - Other Insurance (OI) Applicable to SGs 1, 6, 8

For Nursing Facility (SG 1), non-state ICF/IID (SG 6), and Hospice (SG 8) providers, there is a LTC TMC MESAV screen titled “Other Insurance Policies.” Providers in service groups 1, 6, and 8 can view the policies that an individual in their care has for the service dates entered on the MESAV. The OI section contains all active lines of coverage that have been reported to TMHP.

Each listing contains detailed information about the insurance company, subscriber information, and the lines of coverage (types of coverage, effective date, termination date fields, and whether or not the coverage is LTC relevant).

The OI information should be used to assist providers in filing claims with insurance companies and obtaining the disposition of those claims as paid or denied. Not having the insurance company claim disposition information available for the claims to be submitted for Medicaid individuals could cause a denial for lack of OI information.

If, as a result of filing the insurance claim, it is discovered that the insurance information on the MESAV is incorrect for the individual, the TMHP Third Party Liability (TPL) Resource Line will be available to handle updates to the insurance information. Dial the LTC Help Desk at 1-800- 626-4117 and choose Option 6: “LTC Other Insurance” for answers to incoming LTC Other Insurance Referral Inquiries.

# MESAV Results

[New Lookup](#) [Return with Search criteria](#)

**General Disclaimer** Payment is not based solely on any single piece of information listed below. This data may change. Outstanding claims may affect the number of units. Nursing Facility clients with managed care eligibility segments must have service authorizations verified by the appropriate MCO.

Client Information	
Client No./Trainee SSN	
DOB	01/01/1950
Gender	M
SSN	
Name	
Address	11111111111111111111 FORT WORTH TX 761060000
County	Tarrant
Medicare No.	

Inquiry Information	
NPI/API	
Eligibility From	8/6/2012
Eligibility Through	8/10/2012
Medicaid /Client No.	
Social Security Number	
Date of Birth	
Last Name	
First Name	
M.I.	
Suffix	

Service Authorization Information/Details													
Effective Date	End Date	Referral Number	Status	Svc Grp	Svc Grp Desc	Svc Code	Svc Code Desc	Client Control No.	Units Paid	Unit Type	Units	Proc. Code	Proc. Type
6/16/2010	12/31/9999	11424135	Active	2	CLASS	16	Home Mods			Weekly	6.50		

**Agent**  
-No Data-

**Authorization Message**  
-No Data-

**Monthly Units**  
-No Data-

Eligibility					
Begin Date	End Date	Coverage Code	Secondary Coverage Code	Program Type	Coverage Category
12/1/2011	12/31/9999	Q	R	23	1

Other Insurance Policies			
Policy Information			
Insurance Company Name	INSURANCE COMPANY NAME	Subscriber First Name	
Insurance Company Address	123 INSURANCE ADDRESS	Subscriber Last Name	
Insurance Company City	AUSTIN	Relationship to Client	Employee
Insurance Company State	TX	Employer Name	EMPLOYER
Insurance Company ZIP Code	78737	Subscriber/Policy Number	
Insurance Company Phone Number		Group Number	

Lines of Coverage			
Type of Coverage	Effective Date	Termination Date	Long Term Care-Relevant
Coverage Type 1	2/2/2012	3/3/2012	Yes
Coverage Type 2	2/2/2012	3/3/2012	Yes

Policy Information			
Insurance Company Name	SECOND INSURANCE COMPANY NAME	Subscriber First Name	
Insurance Company Address	123 INSURANCE ADDRESS	Subscriber Last Name	
Insurance Company City	AUSTIN	Relationship to Client	Employee
Insurance Company State	TX	Employer Name	ACCENTURE
Insurance Company ZIP Code	78737	Subscriber/Policy Number	
Insurance Company Phone Number		Group Number	

Lines of Coverage			
Type of Coverage	Effective Date	Termination Date	Long Term Care-Relevant
Coverage Type 1	2/2/2012	3/3/2012	Yes
Coverage Type 2	2/2/2012	3/3/2012	Yes

Policy Information			
Insurance Company Name	THIRD INSURANCE COMPANY NAME	Subscriber First Name	
Insurance Company Address	123 INSURANCE ADDRESS	Subscriber Last Name	
Insurance Company City	AUSTIN	Relationship to Client	Employee
Insurance Company State	TX	Employer Name	EMPLOYER
Insurance Company ZIP Code	78737	Subscriber/Policy Number	
Insurance Company Phone Number		Group Number	

Lines of Coverage			
Type of Coverage	Effective Date	Termination Date	Long Term Care-Relevant
Coverage Type 1	2/2/2012	3/3/2012	Yes

Medicare						
Effective Date	Termination Date	Add Date	Medicare Type	CMS Code (Federal)	Plan ID	Contract Number Link
2/2/2012	3/3/2012	1/1/2012	C	55555	333	<a href="#">CMS ID Info: Contracted MAs</a>
3/3/2009	2/2/2010	2/2/2009	A			

**Medical Necessity**  
-No Data-

Levels			
Begin Date	End Date	Level	Type
6/16/2010	12/31/9999	1	PR

**Income/Co-Payment**  
-No Data-

**Managed Care**  
-No Data-

**Messages**  
-No Data-

Client Hold Information					
Effective Date	End Date	Hold Reason Code	Hold Reason Description	Service Group	Service Group Description
12/1/2012	12/31/2012	AUD	AUD - Service Groups 4 and 5 only	2	CLASS



## MESAV Medicare Eligibility

The Medicare section includes the policy's Effective Date, Termination Date, Add Date, Medicare Type, CMS Code (federal), Plan ID, and Contract Number Link.

Medicare						
Effective Date	Termination Date	Add Date	Medicare Type	CMS Code (Federal)	Plan ID	Contract Number Link
9/1/1993	12/31/3999	9/16/1993	A			
9/1/1993	12/31/3999	2/12/1998	B			

# Filing a Claim

Claims filed on TexMedConnect by Nursing Facilities that transitioned to managed care will be forwarded to a Managed Care Organization (MCO). If there are any issues or questions regarding a claim that has been forwarded to an MCO, providers must contact the MCO directly. TMHP cannot answer questions regarding claims rejected by an MCO. Claims submitted by Nursing Facility providers not transitioning to managed care will not be forwarded.

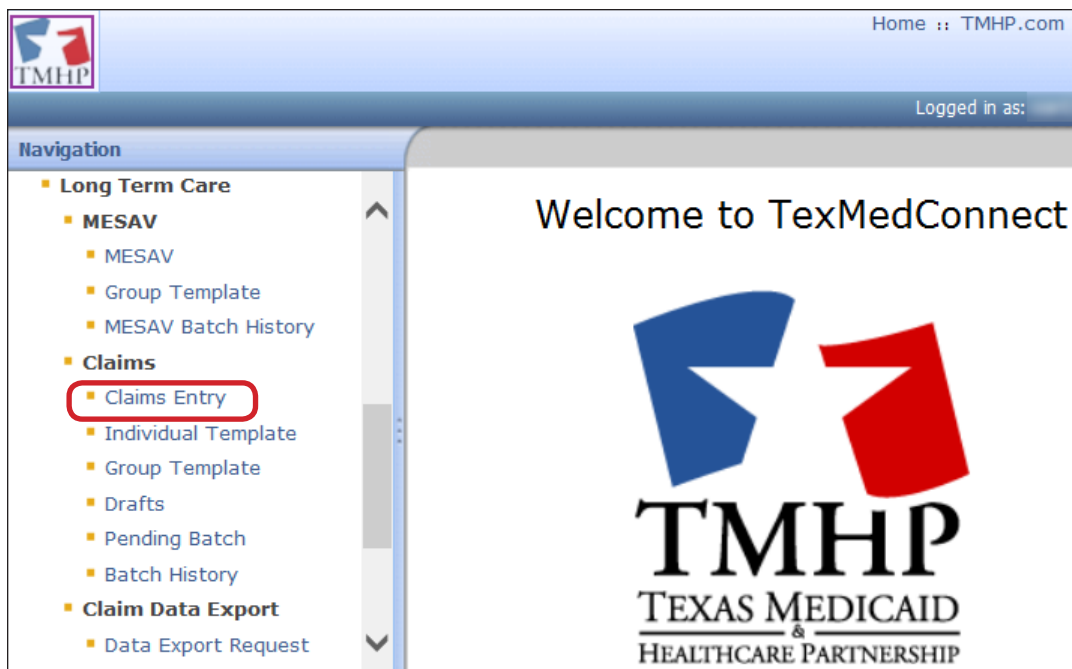
Users may submit the following claim types:

- Professional
- Dental
- Institutional
- Nurse Aide Training (NAT)

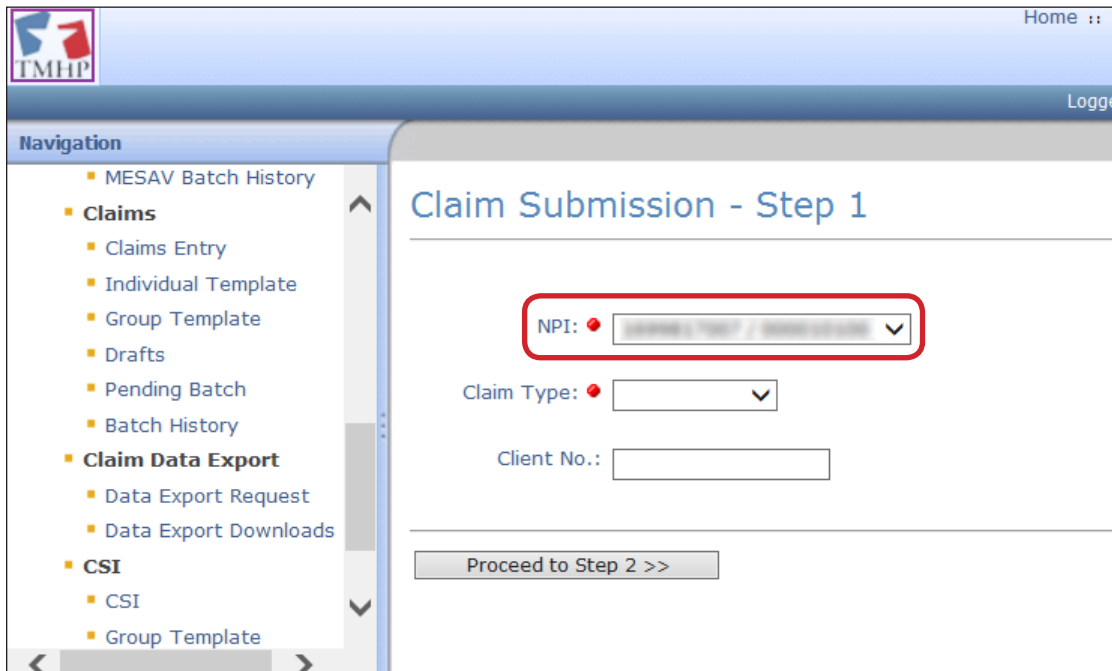
## Entering a Claim on TexMedConnect

These are the basic steps that are used to begin the process of submitting all claim types (Professional, Dental, Institutional, and NAT).

- 1) Click the **Claims Entry** link under the Claims section on the navigation panel.

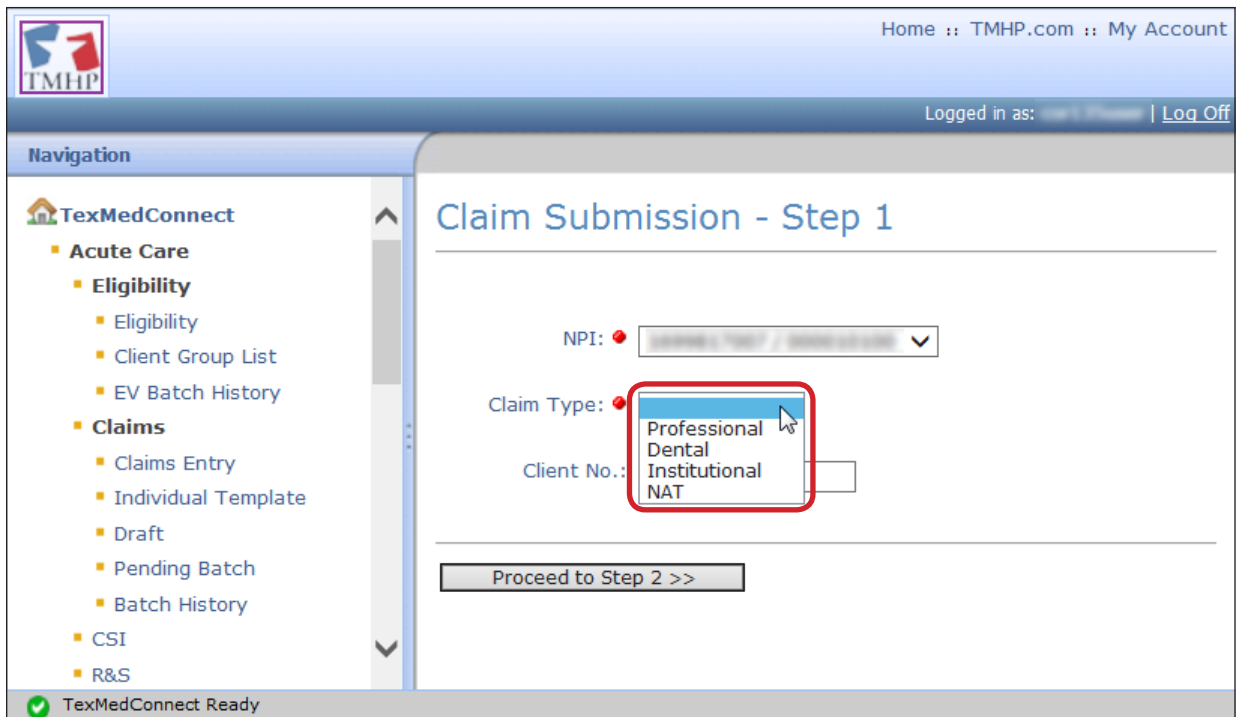


- 2) A list of NPIs/ APIs, contract numbers, and related data will be displayed according to the user's login information. Select the appropriate NPI/API and contract number from the NPI drop-down box.



The screenshot shows the TMHP logo in the top left corner. The navigation menu on the left includes: MESAV Batch History, Claims (with sub-items: Claims Entry, Individual Template, Group Template, Drafts, Pending Batch, Batch History), Claim Data Export (with sub-items: Data Export Request, Data Export Downloads), and CSI (with sub-items: CSI, Group Template). The main content area is titled "Claim Submission - Step 1". It contains the following fields: NPI: (a dropdown menu highlighted with a red box), Claim Type: (a dropdown menu), and Client No.: (a text input field). Below these fields is a button labeled "Proceed to Step 2 >>".

- 3) Choose the appropriate claim type from the drop-down box.



The screenshot shows the TMHP logo in the top left corner. The navigation menu on the left includes: TexMedConnect, Acute Care, Eligibility (with sub-items: Eligibility, Client Group List, EV Batch History), Claims (with sub-items: Claims Entry, Individual Template, Draft, Pending Batch, Batch History), CSI, and R&S. The main content area is titled "Claim Submission - Step 1". It contains the following fields: NPI: (a dropdown menu), Claim Type: (a dropdown menu highlighted with a red box, showing a list of options: Professional, Dental, Institutional, and NAT), and Client No.: (a text input field). Below these fields is a button labeled "Proceed to Step 2 >>". The top right of the page shows "Home :: TMHP.com :: My Account" and "Logged in as: user1 | Log Off". A green checkmark icon and the text "TexMedConnect Ready" are visible in the bottom left corner.

4) As an option, you may enter a Client No. at this time. Click the “Proceed to Step 2” button.

**Note:** Although a client number is not required, providing one saves time. The system will use the client number to auto populate many of the required fields. If a client number is not entered, you must manually enter information into the required fields under the Client tab.

The screenshot displays the 'Claim Submission - Step 1' web interface. On the left, a navigation pane lists various options: MESAV Batch History, Claims (with sub-items: Claims Entry, Individual Template, Group Template, Drafts, Pending Batch, Batch History), Claim Data Export (with sub-items: Data Export Request, Data Export Downloads), and CSI (with sub-items: CSI, Group Template). The main content area is titled 'Claim Submission - Step 1' and includes the following elements:

- NPI:** A dropdown menu with a red error icon.
- Claim Type:** A dropdown menu with a red error icon.
- Client No.:** A text input field, highlighted with a red rectangular box.
- Proceed to Step 2 >>:** A button at the bottom, also highlighted with a red rectangular box.

- 5) The Claim Submission screen will display for the claim type that you selected and default to the Client Tab. The type of claim you are working on is indicated in the Claim Type box in the upper right of the screen. You must complete all required fields (indicated by a red dot) on each tab. If you entered the client number on the Claims Entry screen, many of these fields will be auto populated. If necessary, most fields can be edited. Once the claim has been submitted successfully, an Internal Control Number (ICN) will be displayed at the top of the page. This is also known as a claim number.

### Claim Submission - Step 2

Claim Type	Client	Provider	Status	Claim No.
Professional			New	

Client

Provider

Claim

Details

Other Insurance / Finish

#### Client Identification Numbers

Client ID

Patient Account No.

Medical Record No.

#### Name and Address

First Name

Last Name

MI

Suffix

Street Address

Street Address 2

City

State

Zip

#### Client General Information

Gender

Date Of Birth

31

Referral No.

Save Draft

Save Template

Save To Group

Prev

Next

Finish

## Entering a Professional Claim

To enter a professional claim:

- 1) Click the “Client” tab. You must complete all required fields that are indicated by a red dot. Entering a future date is not allowed in the Date of Birth field.

### Claim Submission - Step 2

Claim Type	Client	Provider	Status	Claim No.
Professional			New	

Client

Provider

Claim

Details

Other Insurance / Finish

#### Client Identification Numbers

Client ID

Patient Account No.

Medical Record No.

#### Name and Address

First Name

Last Name

MI

Suffix

Street Address

Street Address 2

City

State

Zip

#### Client General Information

Gender

Date Of Birth

Referral No.

Save Draft

Save Template

Save To Group

Prev

Next

Finish

- 2) Click the “Provider” tab. You must complete all required fields that are indicated by a red dot. TexMedConnect auto populates the billing provider information using the NPI that was selected on the Claims Entry screen.

Claim Submission - Step 2

Claim Type

Professional

Client

Provider

Status

New

Claim No.

Client

Provider

Claim

Details

Other Insurance / Finish

Billing Provider

NPI:

Name:

Address:

NPI/API:

Contact Name

ID Qual

Contact Phone

Other ID

Performing Provider

NPI/API

First Name

Last Name

MI

Suffix

Save Draft

Save Template

Save To Group

Prev

Next

Finish

- 3) Click the “Claim” tab. You must complete all of the fields that are indicated by a red dot.
  - To add more diagnosis codes, click the “Add New Diagnosis” button.
  - To view the diagnosis description, click the magnifying glass icon.
  - The Qualifier field is based on the diagnosis code entered.

### Claim Submission - Step 2

<b>Claim Type</b> Professional	<b>Client</b>	<b>Provider</b>	<b>Status</b> New	<b>Claim No.</b>
-----------------------------------	---------------	-----------------	----------------------	------------------

<b>Client</b>	<b>Provider</b>	<b>Claim</b>	<b>Details</b>	<b>Other Insurance / Finish</b>
---------------	-----------------	--------------	----------------	---------------------------------

#### Claim

• Claim File Indicator Code

• Place of Service

#### Diagnosis

Qualifier field will be derived based on the Diagnosis Code entered.

Add New Diagnosis

Code	Description	• Qualifier

Save Draft

Save Template

Save To Group

Prev

Next

Finish

- 4) Click the “Details” tab. You must complete all of the fields that are indicated by a red dot.
  - To add a blank row, click the “Add New Detail row(s)” button.
  - To duplicate an existing row, highlight the row and click the “Copy Row” button.
  - To delete a row, scroll over and click the **Delete** link at the end of the row.

### Claim Submission - Step 2

<b>Claim Type</b> Professional	<b>Client</b>	<b>Provider</b>	<b>Status</b> New	<b>Claim No.</b>
-----------------------------------	---------------	-----------------	----------------------	------------------

<b>Client</b>	<b>Provider</b>	<b>Claim</b>	<b>Details</b>	<b>Other Insurance / Finish</b>
---------------	-----------------	--------------	----------------	---------------------------------

Number of details to add: 1 Add New Detail Row(s) Copy Row

Line Item Control	Service Dates		POS	Procedure Code	Qualifier	Code	Units				Unit Rate	Line Item Total	Co-Pay	NPI/ API	Performing Provider			Durable Medical Equipment				Delete
	Start	End					1	2	3	4					First Name	Last Name	MI	Suffix	Rental Unit	Rental Price	Purchase Price	
1																						

☒ Co-Pay  
☐ Applied Income  
 Claim Total: \$0.00  
 Total Co-Pay: \$0.00

Save Draft

Save Template

Save To Group

Prev

Next

Finish



5) Click the “Other Insurance/Finish tab.”

**Note:** Other Insurance information is not required on a Professional Claim, only an Institutional Claim.

- a) Click either the “Submit” radio button or the “Save to Batch” radio button;
- b) Check the “We Agree” box;
- c) Click the “Finish” button.
- d) If the claim is submitted successfully, an Internal Control Number (ICN) will be displayed at the top of the page. This is also known as a claim number.

**Claim Submission - Step 2**

Claim Type	Client	Provider	Status	Claim No.
Professional			New	

**Client   Provider   Claim   Details   Other Insurance / Finish**

**Finish Options**

Please select one of the following and click finish

☒ **Submit**  
Submits the claim interactively

☐ **Save to Batch**  
Saves the claim to batch for processing later.

**Certification, Terms And Conditions**

Please review the following certification and the [terms and conditions](#). The terms and conditions can be reviewed by clicking [here](#).

The Providers and Claim Submitter certify that the information supplied on the claim form and any attachments or accompanying information constitute true, correct, and complete information. The Provider and Claim Submitter understand that payment of this claim will be from Federal and State funds, and that falsifying entries, concealment of a material fact, or pertinent omission may constitute fraud and may be prosecuted under applicable federal and/or state law. Fraud is a felony, which can result in fines or imprisonment.

By checking "We Agree", you agree and consent to the Certification above and to the TMHP "Terms and Conditions".

☐ **We Agree**

**Save Draft   Save Template   Save To Group   Prev   Next   Finish**

- To save the claim as a draft, click the “Save Draft” button.
- To save the claim as an individual template, click the “Save Template” button.
- To save the claim as part of a group, click the “Save To Group” button.
- To submit the claim as part of a batch, refer to the Submitting a Batch section of this User Guide.

- 6) If there is any missing or invalid information, an error message will be displayed. Click the tab that is indicated in the error message. Error fields are indicated with red exclamation marks. Once you have made all of the necessary corrections, click the “Finish” button in the lower, right corner of the screen.

**Claim Submission - Step 2**

- Procedure Code is required.
- Procedure Code must be 4 to 6 alphanumeric characters.

## Entering a Dental Claim

To enter a Dental claim:

- 1) Click the “Client” tab. You must complete all of the fields that are indicated by a red dot. Entering a future date is not allowed in the Date of Birth field.

**Claim Submission - Step 2**

Claim Type	Client	Provider	Status	Claim No.
Dental		XXXXXXXXXXXXXXX	New	

Client
Provider
Claim
Details
Other Insurance / Finish

**Client Identification Numbers**

• Client ID

• Patient Account No.

**Name and Address**

• First Name

• Last Name

MI

Suffix

• Street Address

Street Address 2

• City

• State

• Zip

**Client General Information**

• Gender

• Date Of Birth

Referral No.

Save Draft

Save Template

Prev

**Next**

Finish

- 2) Click the “Provider” tab. You must complete all of the fields that are indicated by a red dot. TexMedConnect auto populates the billing provider information using the NPI that was selected on the Claims Entry screen. You can enter the NPI/API and contact name in the Performing Provider section but it is not required.

Claim Submission - Step 2

Claim Type: Dental

Client: HELEN BLAIR

Provider: 1962942866/101112311

Status: New

Claim No.

Client Provider Claim Details Other Insurance / Finish

Billing Provider

NPI: [Red Dot]

Name: [Red Dot]

Address: [Red Dot]

ID Qual: [Red Dot]

Other ID: [Red Dot]

Performing Provider

NPI/API: [Red Dot]

First Name: [Red Dot]

Last Name: [Red Dot]

MI: [Red Dot]

Suffix: [Red Dot]

Save Draft Save Template Prev Next Finish

- 3) Click the “Claim” tab. You must choose a claim File Indicator Code and Place of Service.

Claim Submission - Step 2

Claim Type: Dental

Client: HELEN BLAIR

Provider: 1962942866/101112311

Status: New

Claim No.

Client Provider Claim Details Other Insurance / Finish

Claim

Claim File Indicator Code: [Red Dot]

Place of Service: [Red Dot]

MC Medicaid

34 Hospice

Save Draft Save Template Prev Next Finish

- 4) Click the “Details” tab. You must complete all of the fields that are indicated by a red dot. Entering a future date is not allowed in the Service Date field.

Claim Submission - Step 2

Claim Type: Dental

Client: HELEN BLAIR

Provider: 1962942866/101112311

Status: New

Claim No.

Client Provider Claim Details Other Insurance / Finish

Number of details to add: 1 Add New Details Row(s) Copy Row

Line Item Control	Service Date	Place of Service	Code	Units	Unit Rate	Line Item Total	Co-Pay	Tooth ID	Oral Cavity Code	NPI/API	First Name	Last Name	MI
1													

Co-Pay

Applied Income

Claim Total: \$0.00

Total Co-Pay: \$0.00

Save Draft Save Template Prev Next Finish

- To add more rows, click the “Add New Detail Row(s)” button.
- To copy the information from the previous detail, click the “Copy Row” button.
- To delete a row, scroll over and click the **Delete** link at the end of the row.

- 5) Click the “Other Insurance/Finish” button.

**Note:** Other Insurance information is not required on a Dental Claim, only an Institutional Claim.

- a) Click the “Submit” radio button.
- b) Check the “We Agree” box in the Certification, Terms, and Conditions section.
- c) Click the “Finish” button in the lower, right corner of the screen.
- d) If the claim is submitted successfully, an Internal Control Number (ICN) will be displayed at the top of the page. This is also known as a claim number.

The screenshot shows the 'Claim Submission - Step 2' interface. At the top, there's a header with 'Claim Type' set to 'Dental'. Below this, a navigation bar includes 'Client', 'Provider', 'Claim', 'Details', and 'Other Insurance / Finish'. The 'Other Insurance / Finish' tab is active. In the 'Finish Options' section, there are two radio buttons: 'Submit' (selected) and 'Save to Batch'. Below these, there's a 'We Agree' checkbox which is checked. At the bottom of the form, there are buttons for 'Save Draft', 'Save Template', 'Prev', 'Next', and 'Finish' (highlighted with a red box).

- To save the claim as a draft, click the “Save Draft” button.
- To save the claim as an individual template, click the “Save Template” button.
- To save the claim as part of a group, click the “Save To Group” button.
- To submit the claim as part of a batch, refer to the Submitting a Batch section of this User Guide.

## Entering an Institutional Claim

TMHP will forward certain Institutional Claims to Managed Care Organizations (MCOs). These claims can be set to the following statuses:

- **Forwarded:** means that the claim has been Forwarded (but not yet Accepted or Rejected) by an MCO.
- **Rejected:** means that the claim has been rejected by TMHP or the MCO it was forwarded to.
- **Accepted:** means that the claim has been Accepted by TMHP or an MCO.

Claims handled by TMHP (not an MCO) can also be set to the following statuses:

- **I:** In Process
- **D:** Denied
- **A:** Approved for Payment
- **FT:** Forced Transfer using PSWin
- **S:** Suspended
- **T:** Transferred
- **P:** Paid
- **PF:** Paid Forced Transfer
- **PT:** Paid Transfer
- **PZ:** Zero Net Balance to the Provider

To enter an Institutional claim:

- 1) Click the “Client” tab. You must complete all of the fields that are indicated by a red dot. Entering a future date is not allowed in the Date of Birth field. After you have completed all of the required fields, click the “Next” button to move to the Provider tab.

### Claim Submission - Step 2

<b>Claim Type</b> Institutional	<b>Client</b>	<b>Provider</b>	<b>Status</b> New	<b>Claim No.</b>
------------------------------------	---------------	-----------------	----------------------	------------------

Client

Provider

Claim

Details

Other Insurance / Finish

#### Client Identification Numbers

Client ID

Patient Account No.

Medical Record No.

#### Name and Address

First Name

Last Name

MI

Suffix

Street Address

Street Address 2

City

State

Zip

#### Client General Information

Gender

Date Of Birth

Referral No.

Save Draft

Save Template

Save To Group

Prev

Next

Finish

- 2) Click the “Provider” tab. You must complete all of the fields that are indicated by a red dot.

**Claim Submission - Step 2**

Claim Type	Client	Provider	Status	Claim No.
Institutional			New	

**Client** **Provider** **Claim** **Details** **Other Insurance / Finish**

**Billing Provider**

NPI:   Taxonomy:  • Other Taxonomy:

**Name:**  **NPI/API:**

**Address:**

**Contact Name**  **Contact Phone**

• **ID Qual**  • **Other ID**

**Attending Provider**

• **NPI/API**  **First Name**  **Last Name**  **MI**  **Suffix**

- 3) The Taxonomy drop-down box is auto populated with three values. Taxonomy codes further define the type, classification, or specialization of the health care provider. If a provider attempts to submit a claim to TMHP without a valid taxonomy code, regardless of the date of service, the claim will be rejected and providers will receive an error message.

According to the Centers for Medicare and Medicaid Services, all health care providers must select a taxonomy code(s) when applying for an NPI. The values in the Taxonomy drop-down box are:

- Other
- 314000000X (for Skilled NFs); and
- 313M00000X (for Other NFs)

Choose the provider taxonomy code that was used by your facility when it initially applied for a National Provider Identifier (NPI).

If neither of the two auto populated codes apply, choose **Other**. If you choose **Other**, a text box called Other Taxonomy will display and is required.

**NOTE:** If an API was chosen, the Taxonomy field will not display.

Claim Submission - Step 2

Claim Type	Client	Provider	Status	Claim No.
Institutional			New	

Client Provider Claim Details Other Insurance / Finish

**Billing Provider**

NPI:

**Name:**  **NPI/API:**

**Address:**

**Taxonomy:**  314000000X  
313M00000X  
Other

**Contact Name**

**ID Qual**

**Other Taxonomy:**

**Contact Phone**

**Other ID**

**Attending Provider**

**NPI/API**  **First Name**  **Last Name**  **MI**  **Suffix**

Save Draft Save Template Save To Group Prev Next Finish

- 4) The Attending Provider is required to enter their NPI/API and name.

Claim Submission - Step 2

Claim Type	Client	Provider	Status	Claim No.
Institutional			New	

Client Provider Claim Details Other Insurance / Finish

**Billing Provider**

NPI:

**Taxonomy:**  Other

**Other Taxonomy:**

**Name:**  **NPI/API:**

**Address:**

**Contact Name**

**ID Qual**

**Contact Phone**

**Other ID**

**Attending Provider**

**NPI/API**  **First Name**  **Last Name**  **MI**  **Suffix**

Save Draft Save Template Save To Group Prev Next Finish

- 5) Click the “Claim” tab. You must complete all of the fields that are indicated by a red dot. Choose the appropriate indicator from the Claim File Indicator Code drop-down box.

Claim Submission - Step 2

Claim Type	Client	Provider	Status	Claim No.
Institutional		10000000000000000000	New	

Client Provider Claim Details Other Insurance / Finish

Claim

• Claim File Indicator Code • Patient Discharge Status • Place of Service • Claim Frequency

Diagnosis

Qualifier field will be derived based on the Diagnosis Code entered.

Add New Diagnosis

Code	Description	Qualifier	Delete
1			

Save Draft Save Template Save To Group Prev Next Finish

- 6) Choose the appropriate status from the Patient Discharge Status drop-down box.

Claim Submission - Step 2

Claim Type	Client	Provider	Status	Claim No.
Institutional		10000000000000000000	New	

Client Provider Claim Details Other Insurance / Finish

Claim

• Claim File Indicator Code • Patient Discharge Status • Place of Service • Claim Frequency

Diagnosis

Qualifier field will be derived based on the Diagnosis Code entered.

Add New Diagnosis

Code	Description	Qualifier	Delete
1			

Save Draft Save Template Save To Group Prev Next Finish



7) Choose the appropriate facility type from the Place of Service drop-down box.

## Claim Submission - Step 2

Claim Type	Client	Provider	Status	Claim No.
Institutional		00000000000000000000	New	

Client	Provider	Claim	Details	Other Insurance / Finish
<div> <div>Claim</div> <div> <div> <div>Claim File Indicator Code</div> <div>Patient Discharge Status</div> </div> <div> <div>Place of Service</div> <div>Claim Frequency</div> </div> </div> </div> <div> <div> <div>18 Swing Bed</div> <div>21 SNF Inpatient (Including Medicare Part A)</div> <div>22 SNF Inpatient (Medicare Part B)</div> <div>28 Swing Bed - Nursing Facility</div> <div>32 Home Health - Inpatient</div> <div>34 Home Health Outpatient - Other</div> <div>66 Intermediate Care Facility</div> <div>74 Outpatient Rehabilitation Center</div> <div>75 Comprehensive Outpatient Rehabilitation Center</div> <div>79 Clinic - Other</div> <div>81 Hospice - Special Facility</div> <div>86 Residential Facility</div> <div>89 Special Facility - Other</div> </div> <div>Claim Place of Service</div> </div>				

Qualifier field will be derived based on the Diagnosis Code entered.

Add New Diagnosis

Code	Description	Qualifier	Delete
1			

Save Draft

Save Template

Save To Group

Prev

Next

Finish

- 8) Choose the appropriate claim frequency from the Claim Frequency drop-down box.
  - Choose **1 Admit Through Discharge Claim** when the claim will cover the entire duration of the stay.
  - Choose **2 Interim-First Claim** if this is the first claim billed for the individual.
  - Choose **3 Interim-Continuing Claim** for all dates of service between the first and last claims.
  - Choose **4 Interim-Last Claim** if this is the last claim billed for the individual.

Claim Submission - Step 2

Claim Type  
Institutional

Client

Provider

Status  
New

Claim No.

Client

Provider

Claim

Details

Other Insurance / Finish

Claim

Claim File Indicator Code

Patient Discharge Status

Place of Service

Claim Frequency

1 Admit Through Discharge Claim  
2 Interim- First Claim  
3 Interim- Continuing Claim  
4 Interim- Last Claim

Diagnosis

Qualifier field will be derived based on the Diagnosis Code entered.

Add New Diagnosis

Code	Description	Qualifier	Delete
1			

Save Draft

Save Template

Save To Group

Prev

Next

Finish

- 9) Depending on the value in the Claim Frequency field you selected, the Admit Date field may be required. The admit date is the date that the individual is admitted to the facility.

Claim Submission - Step 2

Claim Type	Client	Provider	Status	Claim No.
Institutional		12345678901234567890	New	

Client Provider Claim Details Other Insurance / Finish

Claim

Claim File Indicator Code: MC Medicaid  
 Patient Discharge Status: 07 Left against medical advice or discontinued care  
 Place of Service: 81 Hospice - Special Facility  
 Claim Frequency: 4 Interim-Last Claim  
 Admit Date: January 2015

Diagnosis

Qualifier field will be derived based on the Diagnosis Code entered.

Add New Diagnosis

Code	Description
1	

Save Draft Save Template Save To Group Prev Next Finish

- 10) The Principal Diagnosis code is required for institutional claims. The Admitting Diagnosis is conditional for certain values in the Claim Frequency field.

Claim Submission - Step 2

Claim Type	Client	Provider	Status	Claim No.
Institutional		12345678901234567890	New	

Client Provider Claim Details Other Insurance / Finish

Claim

Claim File Indicator Code:   
 Patient Discharge Status:   
 Place of Service:   
 Claim Frequency:

Diagnosis

Qualifier field will be derived based on the Diagnosis Code entered.

Add New Diagnosis

Code	Description	Qualifier	Delete
1			

Save Draft Save Template Save To Group Prev Next Finish

- 11) Click the “Details” tab. You must complete all of the fields that are indicated by a red dot. If the individual is in Service Group 1, 6, or 8, enter the total amount paid by the individuals other insurance in the OI Paid Amount field.

Claim Submission - Step 2

Claim Type: Institutional

Client: Provider: Status: New Claim No.:

Client Provider Claim **Details** Other Insurance / Finish

Number of details to add: 1 Add New Details Row(s) Copy Row

Line Item Control	Service Dates		Procedure Code	Qualifier	Code	Mods				Units	Unit Rate	Line Item Tot	Co-Pay	Rev Code	OI Paid Amount	NPI/API	Attending Provider			
	Start	End				1	2	3	4								First Name	Last Name	MI	Suffix
1																				

☒ Co-Pay  
☐ Applied Income  
 Claim Total: \$0.00  
 Total Co-Pay: \$0.00  
 Total Other Insurance: \$0.00 (from Details Tab)  
 Total Other Insurance: \$0.00 (from Other Insurance/Finish Tab)

Save Draft Save Template Save To Group Prev Next Finish

- To add more rows, click the “Add New Detail Row(s)” button.
- To copy the information from the previous detail, click the “Copy Row” button.
- To delete a row, scroll over and click the Delete link at the end of the row.

- 12) Click the “Other Insurance/Finish” tab.

Claim Submission - Step 2

Claim Type: Institutional

Client: Provider: Status: New Claim No.:

Client Provider Claim Details **Other Insurance / Finish**

**Finish Options**

Please select one of the following and click finish

☒ **Submit**  
 Submits the claim interactively

☐ **Save to Batch**  
 Saves the claim to batch for processing later.

**Certification, Terms And Conditions**

Please review the following certification and the [terms and conditions](#). The terms and conditions can be reviewed by clicking [here](#).

The Providers and Claim Submitter certify that the information supplied on the claim form and any attachments or accompanying information constitute true, correct, and complete information. The Provider and Claim Submitter understand that payment of this claim will be from Federal and State funds, and that falsifying entries, concealment of a material fact, or pertinent omission may constitute fraud and may be prosecuted under applicable federal and/or state law. Fraud is a felony, which can result in fines or imprisonment.

By checking "We Agree", you agree and consent to the Certification above and to the TMHP "Terms and Conditions".

☐ We Agree

Save Draft Save Template Save To Group Prev Next Finish

When submitting an Institutional Claim, there are four scenarios for the Other Insurance/Finish section. They are:

- **Scenario 1. Other Insurance/Finish tab** – The options that are available on the Other Insurance / Finish tab are the same as a Professional claim, unless the individual is in Service Group 1, 6, or 8.

**Note:** For individuals with Medicare in Service Group 1, Service Code 3 Extended Care Facility, enter either the Medicare Part A or Part C amount in the Medicare Information section. The Medicare attestation box must also be checked when billing for SG 1, Service Code 3.

- Click the “Submit” radio button.
- Check the “We Agree” box in the Certification, Terms And Conditions section.
- Click the “Finish” button in the lower, right corner of the screen.

**Claim Submission - Step 2**

Claim Type	Client	Provider	Status	Claim No.
Institutional			New	

**Client** **Provider** **Claim** **Details** **Other Insurance / Finish**

**Finish Options**

Please select one of the following and click finish

☒ **Submit**  
Submits the claim interactively

☐ **Save to Batch**  
Saves the claim to batch for processing later.

**Certification, Terms And Conditions**

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By checking "We Agree", you agree and consent to the Certification above and to the TMHP "Terms and Conditions".

☐ **We Agree**

**Save Draft** **Save Template** **Save To Group** **Prev** **Next** **Finish**

- To save the claim as a draft, click the “Save Draft” button.
- To save the claim as an individual template, click the “Save Template” button.
- To save the claim as part of a group, click the “Save To Group” button.
- To submit the claim as part of a batch, refer to the Submitting a Batch section of this User Guide.

– **Scenario 2. Other Insurance/Finish tab (no known OI coverage)** - For Providers in SG 1, 6, or 8:

If you are aware of additional OI coverage for the individual that is Long Term Care relevant, you are required to add that coverage on the claim by using the Add Policy button.

- Check the box under Attestation
- Click the “Submit” radio button.
- Check the “We Agree” box in the Certification, Terms And Conditions section.
- Click the “Finish” button in the lower, right corner of the screen.

Client	Provider	Claim	Details	Other Insurance / Finish
<p>TMHP records indicate that this client has the following Long Term Care-relevant other insurance coverage for the date(s) of service billed on this claim. In order for this claim to be considered for Medicaid reimbursement, the identified third party resources must be billed prior to Medicaid, and the resulting disposition must be entered below. If any of the identified third party resources are not liable for the services billed on this claim, you must indicate the reason the other insurance carrier denied the claim.</p> <p>If you believe the information on file at TMHP for this client is invalid, please call the TMHP Third Party Liability department at 1-800-626-4117, Option 6. Real time insurance updates are viewable upon click of the Insurance Refresh tool. Please note: Any data entered on this tab during your current user session will be lost when the Insurance Refresh tool is clicked.</p> <p> Insurance Refresh</p> <p>If you believe the information on file at TMHP for this client is valid but requires an update, please click the 'Update Policy' button. Modified information will be sent to the TMHP Third Party Liability department for verification prior to permanently updating TMHP records. Check the client's MESAV within 10 business days for updated policy information. (Please note: This claim will be processed using the information currently on file at TMHP.)</p> <p><b>Client has no known Long Term Care-relevant other insurance coverage for the date(s) of service on file at TMHP</b></p> <p>If you are aware of additional Long Term Care-relevant other insurance coverage for this client that is not on file at TMHP, you are required to add that coverage on the claim and enter the disposition information. To enter a new policy, click the 'Add New Policy' button.</p> <p><b>Add Policy</b></p>				
<p><b>Attestation</b></p> <p><input checked="" type="checkbox"/> By checking this box, you attest to the fact that you understand that Federal regulations dictate that the Medicaid Program is the payer of last resort and that the client has no additional third party coverage that is relevant to the service(s) billed on this claim. You further attest that all Other Insurance information entered on this claim is true and accurate when present and that every Explanation of Benefits (EOB) received from the other insurance carrier(s) is kept on file.</p>				
<p><b>Medicare Information</b></p> <p>Claims for Nursing Facility Medicare Skilled stays must be billed separately from other claims. When billing a Medicare Skilled stay, an amount must be entered in only one of the fields below. For clients with traditional Medicare, enter the <b>total coinsurance amount due</b> per the Medicare Remittance Advice in the Medicare Part A Total Amount field. For clients with non-traditional Medicare Part C, enter the <b>total copay/ deductible amount due</b> per the Medicare Part C Explanation of Benefits (EOB) in the Medicare Part C Total Amount field. The amount entered below must equal the sum of all Medicare Skilled stay detail lines on this claim.</p> <p>Medicare Part A Total Amount (based on standard rate) <input type="text"/> Medicare Part C Total Amount <input type="text"/></p> <p><input checked="" type="checkbox"/> By checking this box, you attest to the fact that the Medicare Part A or Part C documentation to support this claim is kept on file. You further attest that the Medicare Part A or Part C information entered on this claim is true and accurate, and that you understand that Medicaid is the payer of last resort.</p>				
<p><b>Finish Options</b></p> <p>Please select one of the following and click finish</p> <p><input checked="" type="radio"/> <b>Submit</b> Submits the claim interactively</p> <p><input type="radio"/> <b>Save to Batch</b> Saves the claim to batch for processing later.</p>				
<p><b>Certification, Terms And Conditions</b></p> <p>Please review the following certification and the <a href="#">terms and conditions</a>. The terms and conditions can be reviewed by clicking <a href="#">here</a>.</p> <p>The Providers and Claim Submitter certify that the information supplied on the claim form and any attachments or accompanying information constitute true, correct, and complete information. The Provider and Claim Submitter understand that payment of this claim will be from Federal and State funds, and that falsifying entries, concealment of a material fact, or pertinent omission may constitute fraud and may be prosecuted under applicable federal and/or state law. Fraud is a felony, which can result in fines or imprisonment.</p> <p>By checking "We Agree", you agree and consent to the Certification above and to the TMHP "Terms and Conditions".</p> <p><input checked="" type="checkbox"/> <b>We Agree</b></p>				
<p>Save Draft Save Template Save To Group Prev Next <b>Finish</b></p>				

- To save the claim as a draft, click the “Save Draft” button.
- To save the claim as an individual template, click the “Save Template” button.
- To save the claim as part of a group, click the “Save To Group” button.
- To submit the claim as part of a batch, refer to the Submitting a Batch section of this User Guide.

- **Scenario 3. Other Insurance/Finish Tab add OI policy** – The Other Insurance Policy will be validated by TMHP Third Party Liability department before being added to the OI database. However, any Other Insurance Paid Amount will be taken into consideration on the submission of the claim.
- a) Enter the required fields as indicated by the red dots.
- b) Check the box under Attestation.
- c) Click the “Submit” radio button.
- d) Check the “We Agree” box in the Certification, Terms And Conditions section.
- e) Click the “Finish” button in the lower, right corner of the screen.

**Client** **Provider** **Claim** **Details** **Other Insurance / Finish**

TMHP records indicate that this client has the following Long Term Care-relevant other insurance coverage for the date(s) of service billed on this claim. In order for this claim to be considered for Medicaid reimbursement, the identified third party resources must be billed prior to Medicaid, and the resulting disposition must be entered below. If any of the identified third party resources are not liable for the services billed on this claim, you must indicate the reason the other insurance carrier denied the claim.

If you believe the information on file at TMHP for this client is invalid, please call the TMHP Third Party Liability department at 1-800-626-4117, Option 6. Real time insurance updates are viewable upon click of the Insurance Refresh tool. Please note: Any data entered on this tab during your current user session will be lost when the Insurance Refresh tool is clicked.

Insurance Refresh

If you believe the information on file at TMHP for this client is valid but requires an update, please click the 'Update Policy' button. Modified information will be sent to the TMHP Third Party Liability department for verification prior to permanently updating TMHP records. Check the client's MESAV within 10 business days for updated policy information. (Please note: This claim will be processed using the information currently on file at TMHP.)

**Other Insurance Policy #1**

Effective Date  Termination Date   Company Name  Company Address  Company City  Company State  Company ZIP Code  Company Phone #

Subscriber Relationship to Client  Subscriber First Name  Subscriber Last Name  Subscriber SSN  Subscriber DOB  Employer Name   Subscriber/Policy #

Group Number   Other Insurance Disposition   Other Insurance Billed Date

**Attestation**

☐ By checking this box, you attest to the fact that you understand that Federal regulations dictate that the Medicaid Program is the payer of last resort and that the client has no additional third party coverage that is relevant to the service(s) billed on this claim. You further attest that all Other Insurance information entered on this claim is true and accurate when present and that every Explanation of Benefits (EOB) received from the other insurance carrier(s) is kept on file.

**Medicare Information**

Claims for Nursing Facility Medicare Skilled stays must be billed separately from other claims. When billing a Medicare Skilled stay, an amount must be entered in only one of the fields below. For clients with traditional Medicare, enter the **total coinsurance amount due** per the Medicare Remittance Advice in the Medicare Part A Total Amount field. For clients with non-traditional Medicare Part C, enter the **total copay/deductible amount due** per the Medicare Part C Explanation of Benefits (EOB) in the Medicare Part C Total Amount field. The amount entered below must equal the sum of all Medicare Skilled stay detail lines on this claim.

Medicare Part A Total Amount (based on standard rate)  Medicare Part C Total Amount

☐ By checking this box, you attest to the fact that the Medicare Part A or Part C documentation to support this claim is kept on file. You further attest that the Medicare Part A or Part C information entered on this claim is true and accurate, and that you understand that Medicaid is the payer of last resort.

**Finish Options**

Please select one of the following and click finish

☒ **Submit**  
Submits the claim interactively

☐ **Save to Batch**  
Saves the claim to batch for processing later.

**Certification, Terms And Conditions**

Please review the following certification and the [terms and conditions](#). The terms and conditions can be reviewed by clicking [here](#).

The Providers and Claim Submitter certify that the information supplied on the claim form and any attachments or accompanying information constitute true, correct, and complete information. The Provider and Claim Submitter understand that payment of this claim will be from Federal and State funds, and that falsifying entries, concealment of a material fact, or pertinent omission may constitute fraud and may be prosecuted under applicable federal and/or state law. Fraud is a felony, which can result in fines or imprisonment.

By checking "We Agree", you agree and consent to the Certification above and to the TMHP "Terms and Conditions".

☐ **We Agree**

- To save the claim as a draft, click the “Save Draft” button.
- To save the claim as an individual template, click the “Save Template” button.
- To save the claim as part of a group, click the “Save To Group” button.
- To submit the claim as part of a batch, refer to the Submitting a Batch section of this User Guide.

- **Scenario 4. Other Insurance/Finish Tab (with known OI coverage)** - For individuals in Service Groups 1, 6, or 8, TexMedConnect will display any known Long Term Care-relevant OI coverage currently on file with TMHP.
  - a) Verify the OI information is valid and correct.
  - b) Fill in all required Other Insurance Policy information as indicated by a red dot.
  - c) Choose the appropriate option in the Other Insurance Disposition drop-down box. If no response has been received, and it has been more than 110 calendar days since the billing date, choose **No response (initial bill for services)** or **No response (subsequent bill for services)**.
  - d) If you chose **Paid** in the Other Insurance Disposition drop-down box, choose an option in the Other Insurance Disposition Reason drop-down box as shown below, and if applicable, enter the Other Insurance Paid Amount.

---

**Note:** The amount entered in this field must match the total amount entered on the Details tab in the OI Paid Amount field.

---

- e) If you chose **Denied** in the Other Insurance Disposition drop-down box, choose an option in the Other Insurance Disposition Reason drop-down box.
- f) Enter the appropriate date in the Other Insurance Billed Date field. If you choose either of the No response options in the Other Insurance Disposition drop-down box, the Other Insurance Billed Date must be at least 110 calendar days prior to the submission date.
- g) If you need to update the Other Insurance policy, click the “Update Policy” button to display the Other Insurance Policy fields. Once information is updated click the “Save Changes” button.

---

**Note:** The Other Insurance Policy will be validated by the TMHP Third Party Liability department before being added to the Other Insurance database.

---

- h) If you need to add an Other Insurance policy, click the “Add Policy” button to display the Other Insurance Policy field.

---

**Note:** The Other Insurance Policy will be validated by the TMHP Third Party Liability department before being added to the Other Insurance database.

---

- i) Check the box under “Attestation”.
- j) Click either the “Submit” radio button or the “Save to Batch” radio button.
- k) Check the “We Agree” box in the Certification, Terms and Conditions section.
- l) Click the “Finish” button.

**Claim Submission - Step 2**

**Claim Type:** Institutional

**Client:** [Name] **Provider:** [Name] **Status:** New **Claim No.:** [Number]

**Client** **Provider** **Claim** **Details** **Other Insurance / Finish**

TMHP records indicate that this client has the following Long Term Care-relevant other insurance coverage for the date(s) of service billed on this claim. In order for this claim to be considered for Medicaid reimbursement, the identified third party resources must be billed prior to Medicaid, and the resulting disposition must be entered below. If any of the identified third party resources are not liable for the services billed on this claim, you must indicate the reason the other insurance carrier denied the claim.

If you believe the information on file at TMHP for this client is invalid, please call the TMHP Third Party Liability department at 1-800-626-4117, Option 6. Real time insurance updates are viewable upon click of the Insurance Refresh tool. Please note: Any data entered on this tab during your current user session will be lost when the Insurance Refresh tool is clicked.

**Insurance Refresh**

If you believe the information on file at TMHP for this client is valid but requires an update, please click the 'Update Policy' button. Modified information will be sent to the TMHP Third Party Liability department for verification prior to permanently updating TMHP records. Check the client's MESAV within 10 business days for updated policy information. (Please note: This claim will be processed using the information currently on file at TMHP.)

**Other Insurance Policy #1**

**Update Policy** Note: All policy information will be validated by TMHP on every referral, regardless of the information submitted on the referral.

Effective Date: [Date] Termination Date: [Date] Company Name: [Text] Company Address: [Text] Company City: [Text] Company State: [Text] Company ZIP Code: [Text] Company Phone #: [Text]

Subscriber Relationship to Client: [Text] Subscriber First Name: [Text] Subscriber Last Name: [Text] Subscriber SSN: [Text] Subscriber DOB: [Text] Employer Name: [Text] Subscriber/Policy #: [Text]

Group Number: [Text] Other Insurance Disposition: [Text] Other Insurance Billed Date: [Text] Other Insurance Disposition Date: [Text]

Other Insurance Disposition Reason: [Text] Other Insurance Claim No.: [Text]

If you are aware of additional Long Term Care-relevant other insurance coverage for this client that is not on file at TMHP, you are required to add that coverage on the claim and enter the disposition information. To enter a new policy, click the 'Add New Policy' button.

**Add New Policy**

**Attestation**

☒ By checking this box, you attest to the fact that you understand that Federal regulations dictate that the Medicaid Program is the payer of last resort and that the client has no additional third party coverage that is relevant to the service(s) billed on this claim. You further attest that all Other Insurance information entered on this claim is true and accurate when present and that every Explanation of Benefits (EOB) received from the other insurance carrier(s) is kept on file.

**Medicare Information**

Claims for Nursing Facility Medicare Skilled stays must be billed separately from other claims. When billing a Medicare Skilled stay, an amount must be entered in only one of the fields below. For clients with traditional Medicare, enter the **total coinsurance amount due** per the Medicare Remittance Advice in the Medicare Part A Total Amount field. For clients with non-traditional Medicare Part C, enter the **total copay/deductible amount due** per the Medicare Part C Explanation of Benefits (EOB) in the Medicare Part C Total Amount field. The amount entered below must equal the sum of all Medicare Skilled stay detail lines on this claim.

Medicare Part A Total Amount (based on standard rate): [Text] Medicare Part C Total Amount: [Text]

☐ By checking this box, you attest to the fact that the Medicare Part A or Part C documentation to support this claim is kept on file. You further attest that the Medicare Part A or Part C information entered on this claim is true and accurate, and that you understand that Medicaid is the payer of last resort.

**Finish Options**

Please select one of the following and click finish

☒ **Submit**  
Submits the claim interactively

☐ **Save to Batch**  
Saves the claim to batch for processing later.

**Certification, Terms And Conditions**

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By checking "We Agree", you agree and consent to the Certification above and to the TMHP "Terms and Conditions".

☒ **We Agree**

**Save Draft** **Save Template** **Save To Group** **Prev** **Next** **Finish**

- To save the claim as a draft, click the “Save Draft” button.
- To save the claim as an individual template, click the “Save Template” button.
- To save the claim as part of a group, click the “Save To Group” button.
- To submit the claim as part of a batch, refer to the Submitting a Batch section of this User Guide.



## Nurse Aide Training (NAT)

To enter a NAT claim:

- 1) Click the “Header Information” tab. Complete all of the required fields as indicated by a red dot. The Provider No. field and the NPI/API field will be auto populated based on the information entered in Step 1.

**Note:** The percentages entered for Medicaid Patient Days, Medicare Patient Days, and Private Patient Days must total 100 percent.

Claim Submission - Step 2	Claim Type	Trainee SSN	Provider	Status	Claim No.
	NAT			New	

Header Information

Line Item Information

Other Insurance / Finish

**Provider Information**

• Service Group

• Provider No.

• NPI/API

• Medicaid Patient Days:

• Medicare Patient Days:

• Private Patient Days:

**Trainee Information**

• Trainee SSN

• Last Name

• First Name

MI

- 2) Click the “Line Item Information” tab. Complete all of the required fields as indicated by a red dot. No future date is allowed in the Service Start Date or Service End Date fields.

Claim Submission - Step 2

Claim Type	Trainee SSN	Provider	Status	Claim No.
NAT			New	

Header Information

Line Item Information

Other Insurance / Finish

Number of details to add:

Start Date	Service End Date	Billing Code	Training Hours	No. of Units	Unit Rate	Line Item Total	Delete
							<a href="#">Delete</a>

- If you want to add more rows, click the “Add New Detail Row(s)” button.
- If you want to copy the information from the previous detail, click the “Copy Row” button.

- 3) Click the “Other Insurance/Finish” button.

**(Note:** Other Insurance information is not required on a Nurse Aide Training Claim only an Institutional Claim.)

- a) Click the “Submit” radio button.
- b) Check the “We Agree” box in the Certification, Terms, and Conditions section. Click the “Finish” button in the lower, right corner of the screen.
- c) If the claim is submitted successfully, an Internal Control Number (ICN) will be displayed at the top of the page. This is also known as a claim number.

### Claim Submission - Step 2

Claim Type	Trainee SSN	Provider	Status	Claim No.
NAT			New	

Header Information

Line Item Information

Other Insurance / Finish

#### Finish Options

Please select one of the following and click finish

☒ **Submit**  
Submits the claim interactively

☐ **Save to Batch**  
Saves the claim to batch for processing later.

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By checking "We Agree", you agree and consent to the Certification above and to the TMHP "Terms and Conditions".

☐ **We Agree**

Save Draft

Save Template

Save To Group

Prev

Next

Finish

- To save the claim as a draft, click the “Save Draft” button.
- To save the claim as an individual template, click the “Save Template” button.
- To save the claim as part of a group, click the “Save To Group” button.
- To submit the claim as part of a batch, refer to the Submitting a Batch section of this User Guide.

# Saving a Claim

There are four options available for saving a claim:

- 1) **Save Draft** - The claim will be added to the draft list for completion later.
- 2) **Save Template** - The claim will be added to the template list for faster claims creation in the future.
- 3) **Save To Group** - The claim will be added to a group template, which includes templates for many individuals.
- 4) **Save To Batch** - The claim will be added to a batch of claims that can be submitted as a group.

Header Information

Line Item Information

Other Insurance / Finish

Finish Options

Please select one of the following and click finish

☒ **Submit**  
Submits the claim interactively

☐ **Save to Batch**  
Saves the claim to batch for processing later.

Certification, Terms And Conditions

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By checking "We Agree", you agree and consent to the Certification above and to the TMHP "Terms and Conditions".

☐ We Agree

Save Draft

Save Template

Save To Group

Prev

Next

Finish

## Draft Claims

### Saving Draft Claims

To save a claim as a draft:

- 1) Click the “Save Draft” button at the bottom of the screen.

**Header Information** | **Line Item Information** | **Other Insurance / Finish**

**Finish Options**

Please select one of the following and click finish

☒ **Submit**  
Submits the claim interactively

☐ **Save to Batch**  
Saves the claim to batch for processing later.

**Certification, Terms And Conditions**

Please review the following certification and the [terms and conditions](#). The terms and conditions can be reviewed by clicking [here](#).

The Providers and Claim Submitter certify that the information supplied on the claim form and any attachments or accompanying information constitute true, correct, and complete information. The Provider and Claim Submitter understand that payment of this claim will be from Federal and State funds, and that falsifying entries, concealment of a material fact, or pertinent omission may constitute fraud and may be prosecuted under applicable federal and/or state law. Fraud is a felony, which can result in fines or imprisonment.

By checking "We Agree", you agree and consent to the Certification above and to the TMHP "Terms and Conditions".

☐ We Agree

**Save Draft** | Save Template | Save To Group | Prev | Next | Finish

- 2) Enter a name for the draft, and click the “Save” button. The claim will be added to the draft list. A maximum of 500 claims can be saved as drafts.

▼ Street Address | Street Address 2 | ▼ City | ▼ State | ▼ Zip

**Client General Information**

Gender | Date Of Birth | Referral No.

**Save Draft** | Save Template | Save To Group

Name: Draft Drafts | **Save** | Cancel | Prev | Next | Finish

## Viewing Draft Claims

To view a list of all your draft claims:

- 1) Click the **Drafts** link under the Claims section on the navigation panel.



- 2) Choose the appropriate NPI or API and contract number from the NPI/API & Contract No. drop-down box, and click the “Continue” button.

The screenshot shows the 'Draft List' form. At the top, there is a label 'Select NPI/API & Contract No. :'. To its right is a drop-down menu with a downward arrow, which is highlighted with a red box. Below the drop-down menu is a button labeled 'Continue >>', which is also highlighted with a red box.

- 3) If there are multiple drafts, you can click a column heading to sort the list by that column category. Click a Draft Name to view the saved claim.
  - Once a claim from the draft list has been submitted, that draft claim is removed from the draft list.
  - After 45 days, drafts will automatically be deleted from the draft list.
  - A maximum of 50 drafts can be created for each NPI or API and contract number.

The screenshot shows a table titled 'Drafts'. Above the table, there is a header for 'NPI/API' and 'Contract No.' with corresponding values. The table has six columns: 'Draft Name', 'Claim Type', 'User ID', 'Created', 'Last Updated', and 'Delete'. The 'Draft Name' column heading is highlighted with a red box. The first row of data shows 'Expedited' as the Claim Type, a user ID, and dates of 07/28/2009 for both Created and Last Updated.

Draft Name	Claim Type	User ID	Created	Last Updated	Delete
	Expedited		07/28/2009	07/28/2009	

## Individual Templates

### Saving as an Individual Template

To save an individual claim as a template, complete a claim and then:

- 1) Click the “Save Template” button.

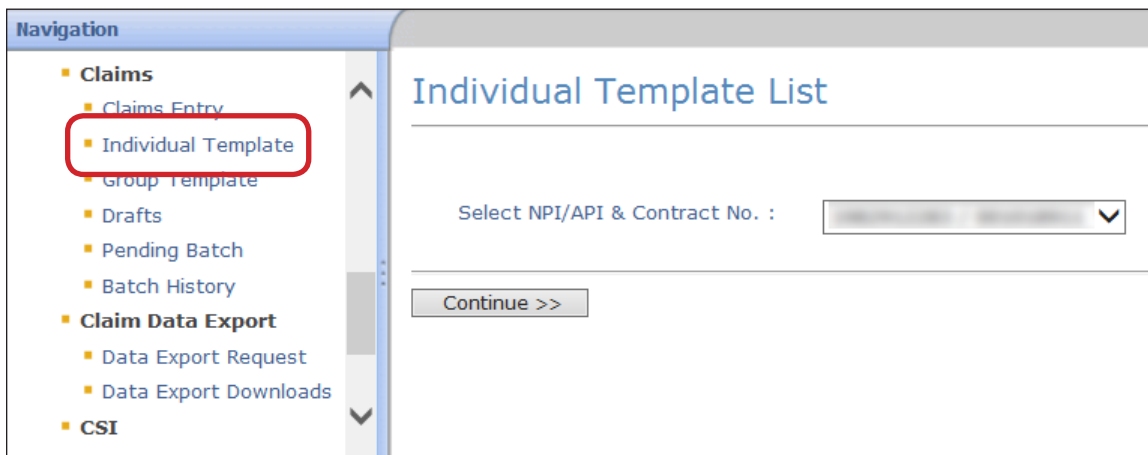


- 2) Enter a template name, and click the “Save” button. The claim will be added to the Individual Template list.
- 3) Templates do not disappear when they are used. However, they will be removed if they have not been used for 365 days.
- 4) A maximum of 1,000 individual claim templates can be created for each NPI or API and contract number.

### Viewing Individual Templates

To view individual templates:

- 1) Click the **Individual Template** link under the Claims section on the navigation panel. Templates are displayed by NPI.



- Choose the appropriate NPI or API and contract number from the NPI/API & Contract No. drop-down box, and click the “Continue” button.

- If there are multiple drafts, you can click a column heading to sort the list by that column category. Click on the template name to open it.

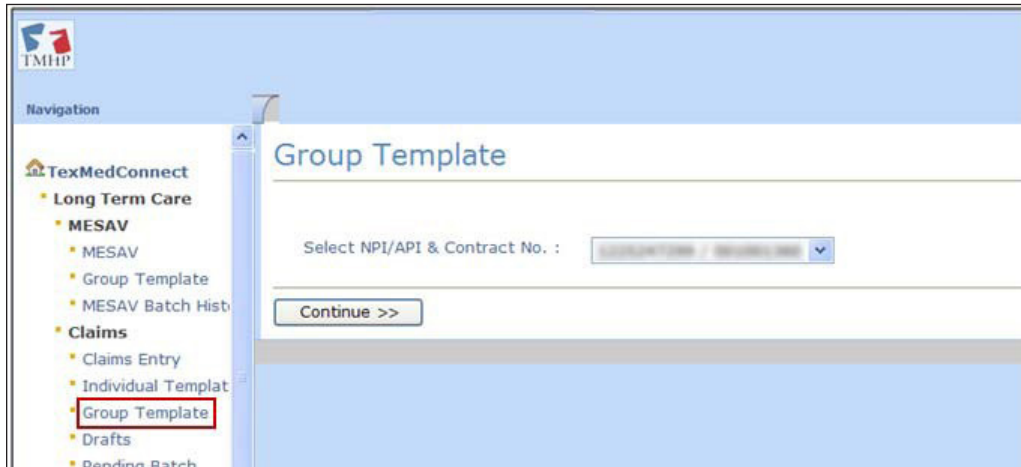
Individual Template					
NPI/API <input type="text"/> / Contract No <input type="text"/>					
Template Name	Claim Type	User ID	Created	Last Updated	
<a href="#">COR135 EDI Test CPT REV</a>	Institutional	<input type="text"/>	11/25/2014	12/01/2014	<a href="#">Delete</a>
<a href="#">dental</a>	Dental	<input type="text"/>	09/04/2014	12/03/2014	<a href="#">Delete</a>
<a href="#">dental TaxonomycodeBatch Testing</a>	Dental	<input type="text"/>	10/03/2014	10/03/2014	<a href="#">Delete</a>
<a href="#">Inst Taxonomycode Batch Testing</a>	Institutional	<input type="text"/>	10/03/2014	10/03/2014	<a href="#">Delete</a>
<a href="#">Multiple Plan Codes</a>	Institutional	<input type="text"/>	08/21/2014	11/25/2014	<a href="#">Delete</a>
<a href="#">Multiple Plan Codes E0015</a>	Institutional	<input type="text"/>	08/21/2014	09/18/2014	<a href="#">Delete</a>
<a href="#">Multiple Plan Codes E0016</a>	Institutional	<input type="text"/>	08/21/2014	08/25/2014	<a href="#">Delete</a>
<a href="#">Multiple Plan Codes E0016 Addon SC1</a>	Institutional	<input type="text"/>	08/25/2014	09/15/2014	<a href="#">Delete</a>
<a href="#">Professional Taxonomy Batch Testing</a>	Professional	<input type="text"/>	10/03/2014	10/03/2014	<a href="#">Delete</a>



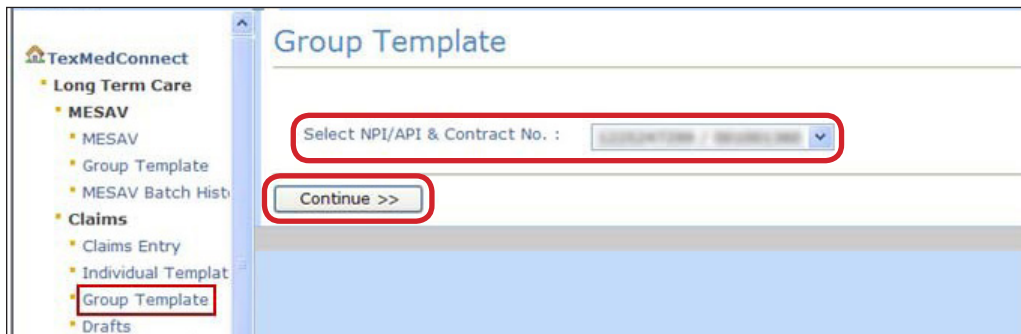
## Group Templates

### Viewing Group Templates

- 1) Click the Group Template link under the Claims section on the navigation panel.



- 2) Select the appropriate NPI or API and contract number from the NPI/API & Contract No. drop-down box, and click the “Continue” button.



- Under the **Template Name** column, click the template name on which you want to work.

**Group Template List**

NPI/API [REDACTED] / Contract No. [REDACTED]

New Group:  Claim Type: Professional Institutional NAT Add Group Template

Template Name	Template Type	UserID	Date Cre.	Updated		
001234	Institutional	[REDACTED]	04/06/2009	12/09/2014	Rename	Delete
001234	Institutional	[REDACTED]	10/30/2013	10/30/2013	Rename	Delete
001234	Professional	[REDACTED]	04/08/2009	04/08/2009	Rename	Delete
001234	NAT	[REDACTED]	12/03/2014	12/03/2014	Rename	Delete
001234	Professional	[REDACTED]	04/08/2009	12/03/2014	Rename	Delete
001234	Institutional	[REDACTED]	02/25/2013	12/03/2014	Rename	Delete
001234	Professional	[REDACTED]	05/12/2009	12/03/2014	Rename	Delete
001234	Institutional	[REDACTED]	05/12/2009	12/03/2014	Rename	Delete
001234	Professional	[REDACTED]	12/10/2008	12/09/2014	Rename	Delete
001234	Institutional	[REDACTED]	02/11/2013	12/03/2014	Rename	Delete
001234	Institutional	[REDACTED]	07/14/2009	12/03/2014	Rename	Delete
001234	NAT	[REDACTED]	07/01/2009	12/03/2014	Rename	Delete
001234	Professional	[REDACTED]	04/08/2009	07/10/2013	Rename	Delete
001234	Professional	[REDACTED]	04/06/2009	05/07/2014	Rename	Delete

## Creating New Group Templates

To create a new Group Template:

- Click the **Group Template** link under the CSI on the navigation panel.



- 2) Select the appropriate NPI or API and contract number from the NPI/API & Contract No. drop-down box, and click the “Continue” button.

- 3) Enter the name of a group in the **New Group** field, choose the Claim Type from the drop- down box, and then click the “Add Group Template” button.

Template Name	Template Type	UserID	Date Created	Date Last Upd	Rename	Delete
...	Institutional	...	10/01/2008	11/25/2008	Rename	Delete
...	Institutional	...	05/21/2008	05/21/2008	Rename	Delete
...	Institutional	...	02/03/2009	02/03/2009	Rename	Delete
...	Institutional	...	05/21/2008	05/21/2008	Rename	Delete
...	Institutional	...	05/13/2009	05/13/2009	Rename	Delete

- 4) After you have created the Group Template, the Group Template Summary page will display. To add an individual go to step 5. To return to the Group Template List page, click the “Go Back” button.

## Claims - Group Template Summary - ALpha TMC II

Go Back
Add Client

NPI/API / Contract No.

Global Update
Submit

Procedure Code:
All

Start Date:

End Date:

No. of Units:

Unit Rate:

☒ Apply Co-Pay Only  
☐ Apply Applied Income Only  
☐ Apply Neither Co-Pay Nor Applied Income

Update Group Template

Effective February 22, 2013, an Institutional claim for individuals in Service Groups 1,6, or 8 will be denied if third-party insurance is detected when the claim is submitted and the third party insurance information has not been addressed on the claim. NOTE: Applicable Individual Templates for Institutional claims included in a Group Template must be updated to address OI. Insurance policy information for LTC individuals can be viewed on the MESAV.

This will force TexMedConnect to use Co-Pay as the client responsibility for every client in the template. Note that this means that all claims updated in the Group Template will utilize Co-Pay where appropriate. If the client does not have an active Co-Pay record, TexMedConnect will calculate using an amount of \$0.00.

TPI

Select All	Client No.	Account No.	Last Name	First Name	
<input type="checkbox"/>					Delete

- 5) To add an individual to the group, click the “Add Client” button.

### Claims - Group Template Summary - ALpha TMC II

[Go Back](#) [Add Client](#)

NPI/API XXXXXXXXXX / Contract No. XXXXXXXXXX

Global Update

Submit

Procedure Code: ● All ▼

Start Date:

End Date:

No. of Units:

Unit Rate:

☒ Apply Co-Pay Only

☐ Apply Applied Income Only

☐ Apply Neither Co-Pay Nor Applied Income

This will force TexMedConnect to use Co-Pay as the client responsibility for every client in the template. Note that this means that all claims updated in the Group Template will utilize Co-Pay where appropriate. If the client does not have an active Co-Pay record, TexMedConnect will calculate using an amount of \$0.00.

Update Group Template

TPI

Select All <input type="checkbox"/>	Client No.	Account No.	Last Name ▲	First Name	
<input type="checkbox"/>	<span>XXXXXXXXXX</span>	<span>XXXXXXXXXX</span>	<span>XXXX</span>	<span>XXXX</span>	<a href="#">Delete</a>

- 6) You can define the start date and end date, the number of units, and the unit rate for all of the claims in the template. You must click one of the three radio buttons:
- Apply Co-Pay Only, or
  - Apply Applied Income Only, or
  - Apply Neither Co-Pay Nor Applied Income.
    - If you choose “Apply Co-Pay Only,” TexMedConnect will use Co-Pay as the individuals’ responsibility for every individual in the template. This means that all of the claims that are updated in the template will use Co-Pay where it is appropriate to do so. If the individual does not have an active Co-Pay record, TexMedConnect will make calculations using an amount of \$0.00.
    - If you choose “Apply Applied Income Only,” TexMedConnect will use Applied Income as the individual responsibility for every individual in the template. This means that all claims updated in the Group Template will utilize Applied Income where appropriate. If the individual does not have an active Applied Income record, TexMedConnect will calculate using an amount of \$0.00.
    - If you choose “Apply Neither Co-Pay Nor Applied Income,” TexMedConnect will use no individual responsibility for every individual in the template. This means that the individual responsibility field will be set to zero whether or not the individual has an active individual responsibility record. The total payment calculated by TexMedConnect will be higher than the actual payment if any of the claims should have had individual responsibility deducted.

### Claims - Group Template Summary - ALpha TMC II

Go Back
Add Client

NPI/API / Contract No.

Global Update
Submit

Procedure Code:
All

Start Date:

End Date:

No. of Units:

Unit Rate:

Effective February 22, 2013, an Institutional claim for individuals in Service Groups 1,6, or 8 will be denied if third-party insurance is detected when the claim is submitted and the third party insurance information has not been addressed on the claim. NOTE: Applicable Individual Templates for Institutional claims included in a Group Template must be updated to address OI. Insurance policy information for LTC individuals can be viewed on the MESAV.

☒ Apply Co-Pay Only
☐ Apply Applied Income Only
☐ Apply Neither Co-Pay Nor Applied Income

This will force TexMedConnect to use Co-Pay as the client responsibility for every client in the template. Note that this means that all claims updated in the Group Template will utilize Co-Pay where appropriate. If the client does not have an active Co-Pay record, TexMedConnect will calculate using an amount of \$0.00.

Update Group Template

TPI

Select All	Client No.	Account No.	Last Name	First Name	
<input type="checkbox"/>					Delete

- 7) When you have entered all the required information, click the “Update Group Template” button to apply that information to all of the claims in the group.

A template will remain in the system as a template after each use. However, if a template has not been used for 365 days it will be deleted from the system. A maximum of 100 group templates can be created for each NPI or API and contract number. Each group template can store up to 250 claims.

☒ **Apply Co-Pay Only**

☐ **Apply Applied Income Only**

☐ **Apply Neither Co-Pay Nor Applied Income**

This will force TexMedConnect to use Co-Pay as the client responsibility for every client in the template. Note that this means that all claims updated in the Group Template will utilize Co-Pay where appropriate. If the client does not have an active Co-Pay record, TexMedConnect will calculate using an amount of \$0.00.

Update Group Template

**TPI**

Select All	Client No.	Account No.	Last Name	First Name	
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] <a href="#">Delete</a>

## Saving as a Group Template

To create a group template, enter the information for a claim, but before you submit the claim:

- 1) Click the “Save To Group” button.

Save Draft

Save Template

Save To Group

- 2) Enter a group template name, and click the “Save” button.
  - If you enter the name of an existing template, the claim will be added to that existing group template.
  - If you enter the name of a new group template, a new template will be added to the Group Template list. To modify the settings for the new template see the Group Templates section of this User Guide.

### Group Template List

NPI/API [REDACTED] / Contract No. [REDACTED]

New Group:

Claim Type: 

Professional  
Institutional  
NAT

Add Group Template

Template Name	Template Type	UserID	Date Cre	Updated	
[REDACTED]	Institutional	[REDACTED]	04/06/2009	12/09/2014	<a href="#">Rename</a> <a href="#">Delete</a>

v2015\_0127


59

## Batch Claims

### Saving To a Batch

To save a claim as part of a batch:

- 1) After completing a claim, click the “Save to Batch” radio button.



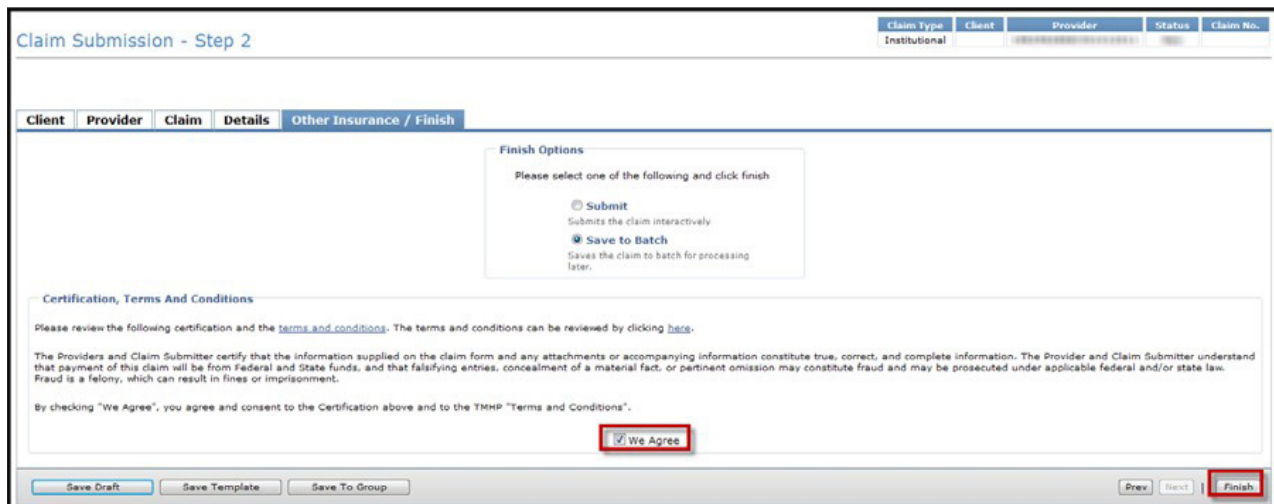
**Finish Options**

Please select one of the following and click finish

☐ Submit  
Submits the claim interactively

☒ **Save to Batch**  
Saves the claim to batch for processing later.

- 2) Check the “We Agree” box, and then click the “Finish” button. The claim will be saved as part of a batch and you will be returned to the claims entry screen so that you can continue to enter more claims.
  - You can save up to 250 claims to a batch.
  - Pending batches that are not submitted after 45 days are deleted from the system.
  - You can view or edit claims in a pending batch before you submit them.



**Claim Submission - Step 2**

Claim Type: Institutional | Client: | Provider: | Status: | Claim No.:

**Client | Provider | Claim | Details | Other Insurance / Finish**

**Finish Options**

Please select one of the following and click finish

☐ Submit  
Submits the claim interactively

☒ **Save to Batch**  
Saves the claim to batch for processing later.

**Certification, Terms And Conditions**

Please review the following certification and the [terms and conditions](#). The terms and conditions can be reviewed by clicking [here](#).

The Providers and Claim Submitter certify that the information supplied on the claim form and any attachments or accompanying information constitute true, correct, and complete information. The Provider and Claim Submitter understand that payment of this claim will be from Federal and State funds, and that falsifying entries, concealment of a material fact, or pertinent omission may constitute fraud and may be prosecuted under applicable federal and/or state law. Fraud is a felony, which can result in fines or imprisonment.

By checking "We Agree", you agree and consent to the Certification above and to the TMHP "Terms and Conditions".

☒ **We Agree**

Save Draft | Save Template | Save To Group | Prev | Next | **Finish**



## Submitting a Batch

To submit a batch:

- 1) Click the **Pending Batch** link under the Claims section on the navigation panel.



- 2) Select the appropriate NPI or API and contract number from the NPI/API & Contract No. drop-down box, and click the “Continue” button.
- 3) The Pending Batch page will display for the selected NPI or API and contract number. The pending batch list shows the claims that are ready to be submitted. Clicking a column heading will sort the list by the data in that column.

**Pending Batch - List of Claims**

NPI/API  / Contract No.

Client #	Account No	Last Name	First Name	Start Date Of Service	Billed Amount	Claim Form	User ID			
				10/01/2012	\$ 2,738.70	Institutional		View	Edit	Delete
				10/04/2012	\$ 2,738.70	Institutional		View	Edit	Delete
				10/01/2012	\$ 2,738.70	Institutional		View	Edit	Delete

**Total Billed Amount:** \$8,216.10

- 4) If there are more claims than can fit on one screen, click the “Continue” button to go to the next page.
- 5) If you want to return to a previous page, use your Internet browser’s Back button.

- 6) On the last screen of the pending batch list, click the “Submit Batch” button. All of the claims in that batch will be submitted, even those created by other users.

### Pending Batch - List of Claims

NPI/API / Contract No.

Client #	Account No	Last Name	First Name	Start Date Of Service	Billed Amount	Claim Form	User ID			
				10/01/2012	\$ 2,738.70	Institutional		View	Edit	Delete
				10/04/2012	\$ 2,738.70	Institutional		View	Edit	Delete
				10/01/2012	\$ 2,738.70	Institutional		View	Edit	Delete

**Total Billed Amount:** \$8,216.10

**Submit Batch**

- 7) When the Batch is submitted, a confirmation message will inform the user whether the submission was successful and the number of claims submitted in the batch.

### Pending Batch - List of Claims

NPI/API / Contract No.

• The pending batch was successfully submitted. 4 claims have been submitted in this batch. The status and details for this batch can be viewed in the Batch History Screen.

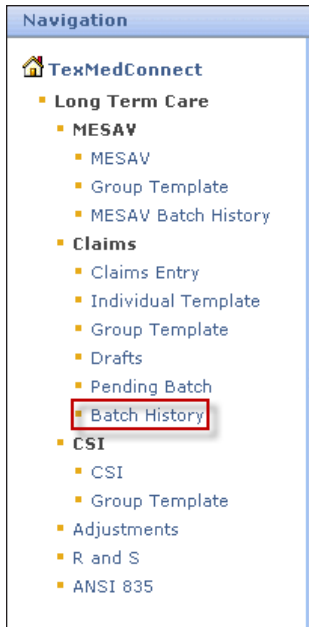
**Total Billed Amount:** \$ 0.00

## View Batch History

You can view the batch history of previously submitted claim batches. Batches that are more than 120 days old are automatically deleted.

To view a batch history:

- 1) Click the Batch History link under the Claims section on the navigation panel.



- 2) Choose the appropriate NPI or API and contract number from the NPI/API & Contract No. drop-down box, and click the “Continue” button.

A screenshot of the 'Batch History' form. The form has a title 'Batch History' at the top. Below the title is a drop-down menu labeled 'Select NPI/API & Contract No. :'. The drop-down menu is highlighted with a red rectangular box. Below the drop-down menu is a button labeled 'Continue >>'. The button is also highlighted with a red rectangular box.

- 3) Click on a Batch ID to view the list of claims included in that batch.

**Note:** The Claim Count column indicates the total number of processed claims, not necessarily the total number of paid claims.

Batch History						
NPI/API <span>1234567890</span> / Contract No. <span>1234567890</span>						
	Batch ID	Status	Claim Count	Total Billed Am	Transmission Date	Submitted By
✓	<a href="#">G394LS8R</a>	Processed	1	\$ 200.00	08/27/2014 03:52:59 PM	<span>1234567890</span>
✓	<a href="#">G394LS8W</a>	Processed	1	\$ 200.00	08/27/2014 03:54:10 PM	<span>1234567890</span>
✓	<a href="#">G484MGG4</a>	Processed	1	\$ 159.09	09/05/2014 03:31:04 PM	<span>1234567890</span>
✓	<a href="#">G484MGG5</a>	Processed	1	\$ 159.09	09/05/2014 03:47:48 PM	<span>1234567890</span>
✓	<a href="#">G514MGGH</a>	Processed	1	\$ 159.09	09/08/2014 01:58:05 PM	<span>1234567890</span>
✓	<a href="#">G514MGGV</a>	Processed	1	\$ 100.00	09/08/2014 04:24:17 PM	<span>1234567890</span>
✓	<a href="#">G524MGH8</a>	Processed	2	\$ 318.18	09/09/2014 11:04:12 AM	<span>1234567890</span>
✓	<a href="#">G524MGH9</a>	Processed	1	\$ 120.00	09/09/2014 11:18:10 AM	<span>1234567890</span>
✓	<a href="#">G524MGHA</a>	Processed	2	\$ 200.00	09/09/2014 11:41:18 AM	<span>1234567890</span>

- 4) You will see a list of the Claims for the Batch you clicked. The Claims listed can be a mix of claims to different MCOs and to TMHP. Claims can be set to the following three statuses:

- **Forwarded:** means that the claim has been Forwarded (but not yet Accepted or Rejected) by an MCO.
- **Rejected:** means that the claim has been rejected by TMHP or the MCO it was forwarded to.
- **Accepted:** means that the claim has been Accepted by TMHP or an MCO.

Claims handled by TMHP can also be set to the following statuses:

- **I:** In Process
- **D:** Denied
- **A:** Approved for Payment
- **FT:** Forced Transfer using PSWin
- **S:** Suspended
- **T:** Transferred
- **P:** Paid
- **PF:** Paid Forced Transfer
- **PT:** Paid Transfer
- **PZ:** Zero Net Balance to the Provider

In addition to the status of the Claims and other information, there is a **Payer Name** column. The **Payer Name** column will display the name of the MCO that the claim was Forwarded to, Rejected or Accepted by. The **Payer Name** column will display "THMP" when the claim is accepted by TMHP. If the column is blank, that indicates that TMHP has Rejected the claim.

Batch History - List of Claims - G534MJ70

NPI/API 1234567890 / Contract No. 1234567890

Status	Client #	Account No	Payer Name	Last Name	First Name	Start Date Of Service	Billed Amount	Claim Form	User ID
<a href="#">Rejected</a>	1234567890	1234567890	1234567890	1234567890	1234567890	07/30/2014	\$ 159.09	Institutional	1234567890
<a href="#">Accepted</a>	1234567890	1234567890	1234567890	1234567890	1234567890	07/30/2014	\$ 159.09	Institutional	1234567890

Total Billed Amount:

\$318.18

BatchID:

G534MJ70

Go Back

- 5) Click the Status of a claim to view the details of that claim.

### Batch History - List of Claims - G534MJ70

NPI/API 1234567890 / Contract No. 1234567890

Status	Client #	Account No	Payer Name	Last Name	First Name	Start Date Of Service	Billed Amount	Claim Form	User ID
Rejected	12345678	1234567890	12345678901234567890	123456	123456	07/30/2014	\$ 159.09	Institutional	12345678
Accepted	12345678	1234567890	12345678901234567890	123456	123456	07/30/2014	\$ 159.09	Institutional	12345678

Total Billed Amount: \$318.18

BatchID: G534MJ70

Go Back

- a) If the status of the claim that you clicked was **Forwarded**:
- The Forwarded claim will have a 28 alphanumeric EDI Transaction Number (ETN). This is not the same as the internal control number (ICN) associated with FFS claims.
  - The first eight characters of the EDI Transaction Number ETN are the same as the Batch ID.
  - The claim will remain in the Forwarded status until the MCO responds with either an Accept or Reject.

As you can see in the image below, the name and contact information of the MCO is identified in multiple places on the screen. Once a claim has been Forwarded to the MCO, providers must work directly with the MCO regarding any issues with the claim.

When TMHP Forwards a claim to an MCO, TMHP will assign an Explanation of Benefits (EOB) Code that is specific to that MCO. A description of that EOB and the telephone number of the MCO will be listed next to the EOB Code.

The last section on the screen, the Detail Service Line, will list information such as the Billing Code and in the Informational Pricing column (how TMHP would have priced the claim if processed as FFS for Service Group 1, Service Codes 1 and 3).

## MCO CSI Search Details

[New Lookup](#)

[Return To List](#)

ETN

### Claim Information

TMHP EDI Trans No	
Status	Forwarded
Status Date	12/8/2014 4:07:46 PM
MCO Name	
MCO Phone No	
MCO ICN	

The following are the descriptions of the EOB (Explanation of Benefits) / EOPS (Explanation of Pending Status) codes that appear on this claim:

### EOB / EOPS codes messages

EOB Code	EOB Description
01745	has been identified as the Medicaid Managed Care Organization that will process this claim. They can be reached at for questions about processing of this claim.

This claim has been forwarded to for processing. Contact at for questions related to this claim.

The following data is for informational purposes. For actual payments please contact the MCO.

Dtl No	Service Begin Date	Service End Date	Billing Code	Billed Amount	Informational Pricing	OI Paid Amount	Applied OI Amount	Paid Applied
1	7/30/2014 12:00:00 AM	7/30/2014 12:00:00 AM	RG003	\$159.09	\$140.57	\$0.00	\$0.00	\$18.52

- b) If the status of the claim that you clicked was **Rejected**, you will see a yellow message box at the top of the screen listing the Rejected EOBs. The MCO may choose to list EOBs with a description. If a description is not present then only the EOB number will be displayed.

Claim Submission - Step 2

Claim Type	Client	Provider	Status	Claim No.
Institutional			Rejected	

- EOB from MCO for Rejected Claim.
- Claim Detail# 1: Testing EOB Description for detail.

ClientProviderClaimDetailsOther Insurance / Finish

Client Identification Numbers

Client ID

Patient Account No.

Medical Record No.

Name and Address

First Name

Last Name

MI

Suffix

Street Address

Street Address 2

City

State

Zip

Client General Information

Gender

Date Of Birth

Referral No.

Save Draft

Save Template

Save To Group

Cancel Edit

Prev

Next

Finish

- c) If the status of the claim that you clicked was **Accepted** and the Payer is an MCO, the MCO CSI Search Details page will display.

Once a Forwarded Claim has been Accepted by an MCO, the MCO ICN field will populate. The MCO ICN is a unique identifier that the MCO assigns to a Forwarded Claim.

The Header EOBs and descriptions returned by the MCO for the Accepted Claim will be displayed in the **EOB/ EOPS codes messages** column. If the MCO does not return the description of the EOB it will appear as blank. The provider will need to use the MCOs EOB crosswalk to interpret the EOBs.

## MCO CSI Search Details

[New Lookup](#)   [Return To List](#)

### Claim Information

TMHP EDI Trans No	
Status	Accepted
Status Date	12/8/2014 4:00:49 PM
MCO Name	
MCO Phone No	
MCO ICN	

The following are the descriptions of the EOB (Explanation of Benefits) / EOPS (Explanation of Pending Status) codes that appear on this claim:

### EOB / EOPS codes messages

EOB Code	EOB Description
	has been identified as the Medicaid Managed Care Organization that will process this claim. They can be reached at for questions about processing of this claim.
	EOB from MCO for Accepted Claim.

This claim has been accepted to for processing. Contact at for questions related to this claim.

The following data is for informational purposes. For actual payments please contact the MCO.

Dtl No	Service Begin Date	Service End Date	Billing Code	Billed Amount	Informational Pricing	OI Paid Amount	Applied OI Amount	Paid Applied
1	7/30/2014 12:00:00 AM	7/30/2014 12:00:00 AM	RG003	\$159.09	\$0.00	\$0.00	\$0.00	\$169.35



- d) If the status of the claim that you clicked was **Accepted** and the Payer is TMHP, the CSI Search Details page will display:

### CSI Details

[New Lookup](#)

Claim Information		Client Information	
Claim No.		Client/Medicaid No./Trainee SSN	
Dates of Service	8/1/2014 - 8/1/2014	Name	
Status	D	Gender	F
Effective Date	9/10/2014	Date of Birth	8/24/1984
Service Group	1	Patient Account No.	
Warrant Number		Medical Record No.	
		Referral No.	

Financial Information		Provider Information	
Total Billed Amount	\$100.00	Provider NPI/API	
Total Paid Amount	\$0.00	Provider Name	
Total Applied Other Insurance Amount	\$0.00	Medicare Patient Days %	0
Budget Number		Private Patient Days %	0
		Medicaid Patient Days %	0

DLI No	Detail Status	Service Begin	Service End Date	Billing Code	Billed Amount	Paid Amount	OI Paid Amount	Applied OI Amount	Billed Units	Paid Units	Estimated Paid Unit Rate	Nat'l EOB1	Nat'l EOB2	Modifier 1
1	D	8/1/2014	8/1/2014	RG008	\$100.00	\$0.00	\$0.00	\$0.00	1.00	0.00	\$0.00			

- 6) Click the **Return To List** link to return to Batch History. The results are saved for 60 days.

### MCO CSI Search Details

[New Lookup](#) [Return To List](#)

Claim Information	
TMHP EDI Trans No	
Status	Accepted
Status Date	12/8/2014 4:00:49 PM
MCO Name	
MCO Phone No	
MCO ICN	

# Claims Data Export

If you want to request an extract of claims data for a particular date range, you can use the Claims Data Export feature. The maximum date range between From Dates of Service and To Dates of Service for each search is 3 months.

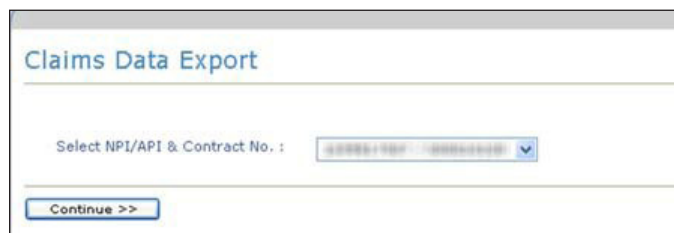
**Note:** Claims data export is only available to users with administrative rights on their account.

To request the claims data to be exported:

- 1) Click the Data Export Request link under the Claims Data Export section on the left navigation panel.



- 2) Choose the NPI or API and contract number from the NPI/API & Contract No. drop-down box, and click the “Continue” button.



- 3) Enter your Submitter ID, Password, Service Begin Date, and Service End Date, and then click the “Request Data” button.
  - The date range must be no more than three months long.
  - The Service Begin Date cannot be more than three years prior to current date.
  - If you do not know your Submitter ID and Password, contact the EDI Helpdesk at 1-888-863-3638, from 7:00 a.m. to 7:00 p.m., Monday through Friday.
  - The requested data will be available on the next business day.

## Claims Data Export

---

Submitter ID:
●

Password :
●

Service Begin Date:
●

Format: mm/dd/yyyy

Service End Date:
●

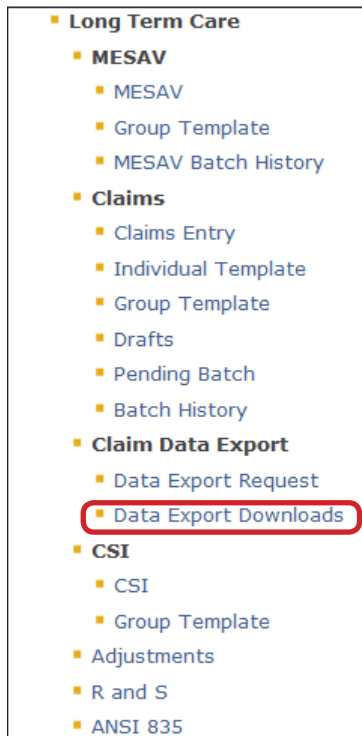
Format: mm/dd/yyyy

- Date range cannot span a length of time greater than three months.

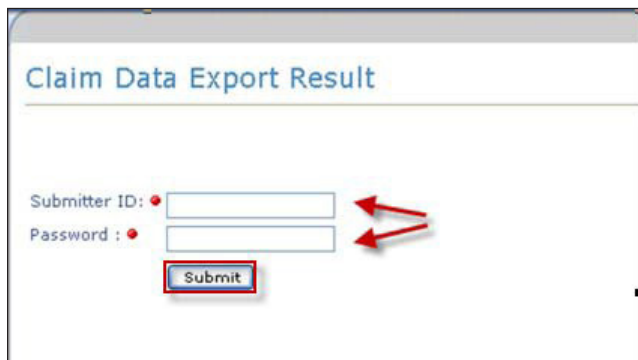
- Service Begin Date cannot be more than three years prior to current date.

Request Data

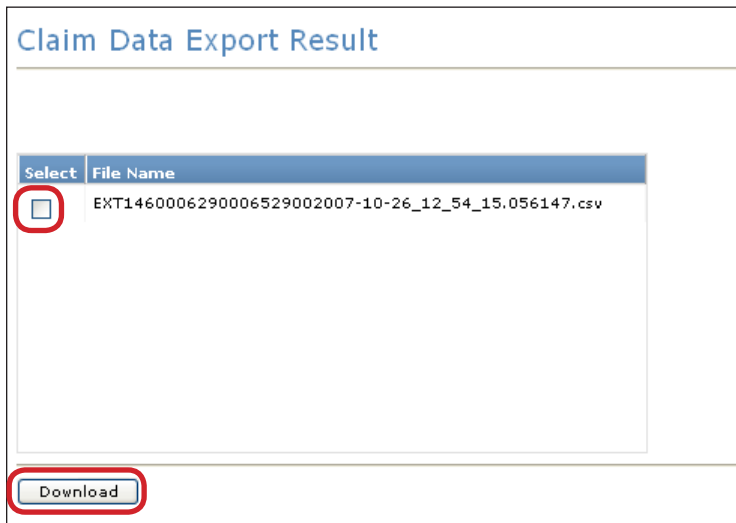
- 4) To download the requested data, click the **Data Export Downloads** link under the Claims Data Export section on the left navigation panel.



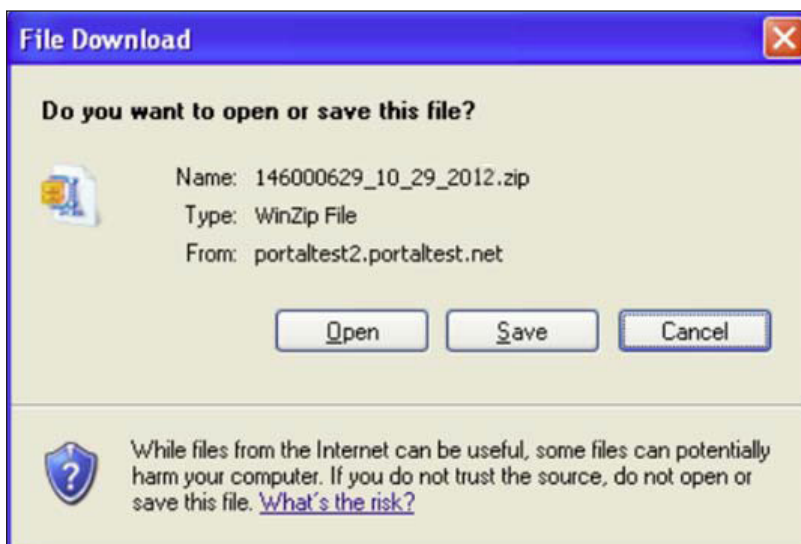
- 5) Enter your Submitter ID and Password, and click the “Submit” button.



- 6) The Claim Data Export Result page will display the requested file when it is ready to be downloaded. Check the “Select” box, and then click the “Download” button.



- 7) A File Download dialog box will be displayed. Click the “Save” button and save the file to a location on your computer.
- The requested data will remain available for download for three months.
  - Your computer must be able to open WinZip® files (Zipped files) or you will not be able to open the file once you have saved it.



# Claims Status Inquiry (CSI)

Claims Status Inquiry is used to determine the status of submitted claims. There are several ways to perform a CSI:

- 1) Lookup Fee For Service Claim by Claim Request.
- 2) Lookup Fee For Service Claim by Client Claim Request.
- 3) Lookup Managed Care Claim by Transaction Number.
- 4) Lookup Managed Care Claim by MCO ICN.

TMHP will Forward certain Institutional Claims to Managed Care Organizations (MCOs). These claims can be set to the following statuses:

- **Forwarded:** means that the claim has been Forwarded (but not yet Accepted or Rejected) by an MCO.
- **Rejected:** means that the claim has been rejected by TMHP or the MCO it was forwarded to.
- **Accepted:** means that the claim has been Accepted by TMHP or an MCO.

Claims handled by TMHP (not an MCO) can be set to the following statuses:

- |  |   |
|--|---|
| • <b>I:</b> In Process                   | • <b>T:</b> Transferred                       |
| • <b>D:</b> Denied                       | • <b>P:</b> Paid                              |
| • <b>A:</b> Approved for Payment         | • <b>PF:</b> Paid Forced Transfer             |
| • <b>FT:</b> Forced Transfer using PSWin | • <b>PT:</b> Paid Transfer                    |
| • <b>S:</b> Suspended                    | • <b>PZ:</b> Zero Net Balance to the Provider |

Three years of claims history are available. The system returns a maximum of 250 results for each search. If your search returns more than 250 results, you may want to use the Claim Data export function. The CSI Search screen is shown below:

### CSI Search

#### Lookup Fee For Service Claim by Claim Request

Claim Number:  Format: 15 digits with no spaces

#### Lookup Fee For Service Claim by Client Claim Request

Provider NPI/API:

Service Begin Date:  Format: mm/dd/ccyy

Service End Date:  Format: mm/dd/ccyy

Select the appropriate Request Type

☒ Client ☐ Trainee

Client Information

Medicaid No.

Last Name

First Name

M.I.

Suffix

#### Lookup Managed Care Claim by Transaction Number

Transaction Number

Transaction Number Type

## CSI Search: Lookup Fee For Service Claim by Claim Request

- To search for a Claim by Claim Request enter the Claim Number in the Claim Number field and click the “Lookup” button.

### CSI Search

#### Lookup Fee For Service Claim by Claim Request

Claim Number:  Format: 15 digits with no spaces

- 2) The CSI Details page will display and auto populate most of the fields, including the status of the Claim.

**CSI Details**

[New Lookup](#)

Claim Information		Client Information	
Claim No.		Client/Medicaid No./Trainee SSN	
Dates of Service	8/1/2014 - 8/1/2014	Name	
Status	D	Gender	
Effective Date	9/10/2014	Date of Birth	
Service Group	1	Patient Account No.	
Warrant Number		Medical Record No.	
		Referral No.	

Financial Information		Provider Information	
Total Billed Amount	\$100.00	Provider NPI/API	
Total Paid Amount	\$0.00	Provider Name	
Total Applied Other Insurance Amount	\$0.00	Medicare Patient Days %	0
Budget Number		Private Patient Days %	0
		Medicaid Patient Days %	0

DTI No	Detail Status	Service Begin	Service End Date	Billing Code	Billed Amount	Paid Amount	OT Paid Amount	Applied OT Amount	Billed Units	Paid Units	Estimated Paid Unit Rate	Nat'l EOB1	Nat'l EOB2	Modifier 1
1	D	8/1/2014	8/1/2014		\$100.00	\$0.00	\$0.00	\$0.00	1.00	0.00	\$0.00			

## CSI Search: Lookup Fee For Service Claim by Client Claim Request

When searching by client information. The following conditions apply:

- You must enter both a Service Begin Date and a Service End Date. The End Date cannot be more than three consecutive months from the Begin Date.
  - The Service Begin Date cannot be more than 36 months before the current date.
  - You must complete all of the fields indicated by a red dot.
- 1) Click the **CSI** link under the CSI section on the navigation panel. The search criteria page will display.

**Lookup Fee For Service Claim by Client Claim Request**

Provider NPI/API: ♦

Service Begin Date: ♦  Format: mm/dd/ccyy

Service End Date: ♦  Format: mm/dd/ccyy

**Select the appropriate Request Type**

☒ Client ☐ Trainee

**Client Information**

Medicaid No. ♦

Last Name ♦

First Name ♦

M.I.

Suffix



- 2) You must complete all of the fields that are indicated by a red dot.
- 3) Click the “Search” button.
- 4) The CSI Search Details page will display and auto populate with the client information.

**CSI Details**

[New Lookup](#)

Claim Information				Client Information			
Claim No.	[REDACTED]			Client/Medicaid No./Trainee SSN	[REDACTED]		
Dates of Service	8/1/2014 - 8/1/2014			Name	[REDACTED]		
Status	D			Gender	F		
Effective Date	9/10/2014			Date of Birth	8/24/1984		
Service Group	1			Patient Account No.	[REDACTED]		
Warrant Number				Medical Record No.	[REDACTED]		
				Referral No.	[REDACTED]		

Financial Information				Provider Information			
Total Billed Amount	\$100.00			Provider NPI/API	[REDACTED]		
Total Paid Amount	\$0.00			Provider Name	[REDACTED]		
Total Applied Other Insurance Amount	\$0.00			Medicare Patient Days %	0		
Budget Number				Private Patient Days %	0		
				Medicaid Patient Days %	0		

DL No	Detail Status	Service Begin	Service End Date	Billing Code	Billed Amount	Paid Amount	OI Paid Amount	Applied OI Amount	Billed Units	Paid Units	Estimated Paid Unit Rate	Nat'l EOB1	Nat'l EOB2	Modifier 1
1	D	8/1/2014	8/1/2014	RG008	\$100.00	\$0.00	\$0.00	\$0.00	1.00	0.00	\$0.00			

## CSI Search: Lookup Managed Care Claim by Transaction Number

This section allows Providers to use a Transaction Number to search for claims that have been forwarded to MCOs. An EDI Transaction Number (ETN) is needed to search for these forwarded claims. An ETN is not the same as an MCO internal control number (MCO ICN) or as an ICN associated with Fee For Service (FFS) claims. An ETN is a 28 alphanumeric value, the first eight characters of which are the Batch ID.

The status of the claim is shown in the Claim Information section on the line labeled “Status.” There are three possible statuses for a Claim that has been forwarded to an MCO:

- Forwarded;
  - Accepted (by the MCO); or
  - Rejected (by the MCO).
- 1) In the Transaction Number field enter the ETN of the claim you are searching for, choose **TMHP EDI Trans No** from the Transaction Number Type drop down-box, and click the “Lookup” button.

**Lookup Managed Care Claim by Transaction Number**

Transaction Number ♦

Transaction Number Type ♦

- 2) The MCO CSI Search Details page will display and auto populate with the ETN in the Claim Information section.

### MCO CSI Search Details

[New Lookup](#)
[Return To List](#)

Claim Information	
TMHP EDI Trans No	
Status	Accepted
Status Date	12/4/2014 10:48:02 AM
MCO Name	
MCO Phone No	
MCO ICN	

The following are the descriptions of the EOB (Explanation of Benefits) / EOPS (Explanation of Pending Status) codes that appear on this claim:

EOB / EOPS codes messages	
EOB Code	EOB Description
01745	has been identified as the Medicaid Managed Care Organization that will process this claim. They can be reached at for questions about processing of this claim.
JAH001AC	EOB from MCO for Accepted Claim.

**This claim has been accepted to Amerigroup Long Term Support for processing. Contact Amerigroup Long Term Support at 800-454-3730 for questions related to this claim.**

The following data is for informational purposes. For actual payments please contact the MCO.

Dtl No	Service Begin Date	Service End Date	Billing Code	Billed Amount	Informational Pricing	OI Paid Amount	Applied OI Amount	Paid Applied
1	7/30/2014 12:00:00 AM	7/30/2014 12:00:00 AM	RG003	\$159.09	\$0.00	\$0.00	\$0.00	\$169.35

- 3) The status of the claim will be shown in the Claim Information section on the line labeled "Status." Recall that there are three possible statuses for a claim:
- Forwarded
  - Accepted (by the MCO), or
  - Rejected (by the MCO).

### MCO CSI Search Details

[New Lookup](#)
[Return To List](#)

Claim Information	
TMHP EDI Trans No	
Status	Accepted
Status Date	12/4/2014 10:48:02 AM
MCO Name	Amerigroup Long Term Support
MCO Phone No	1-800-454-3730
MCO ICN	W000000000

- 4) The name and contact information of the MCO that received the forwarded claim is located in the Claim Information section.

**NOTE:** If there are any issues or questions regarding a claim that has been forwarded to an MCO, providers must contact the MCO directly. TMHP cannot answer questions regarding claims Rejected by an MCO.

### MCO CSI Search Details

[New Lookup](#)
[Return To List](#)

Claim Information	
TMHP EDI Trans No	
Status	Accepted
Status Date	12/4/2014 10:48:02 AM
MCO Name	
MCO Phone No	
MCO ICN	

- 5) The name and contact information of the MCO is identified in multiple places on the screen. Once a claim has been Forwarded to the MCO, providers must work directly with the MCO regarding any issues with the claim.

When TMHP Forwards a claim to an MCO, TMHP will assign an Explanation of Benefits (EOB) Code that is specific to that MCO. A description of that EOB and the telephone number of the MCO will be listed next to the EOB Code.

The last section on the screen, the Detail Service Line, will list information such as the Billing Code and details in the Informational Pricing column (how TMHP would have priced the claim if processed as FFS for Nursing Facility Daily Care (Service Group 1, Service Code 1) and Medicare Coinsurance (Service Code 3).

### MCO CSI Search Details

[New Lookup](#)   [Return To List](#)

ETN

**Claim Information**

TMHP EDI Trans No	
Status	Forwarded
Status Date	12/8/2014 4:07:46 PM
MCO Name	
MCO Phone No	
MCO ICN	

The following are the descriptions of the EOB (Explanation of Benefits) / EOPS (Explanation of Pending Status) codes that appear on this claim:

**EOB / EOPS codes messages**

EOB Code	EOB Description
01745	has been identified as the Medicaid Managed Care Organization that will process this claim. They can be reached at

This claim has been forwarded to for processing. Contact at 1-800- for questions related to this claim.

The following data is for informational purposes. For actual payments please contact the MCO.

Dtl No	Service Begin Date	Service End Date	Billing Code	Billed Amount	Informational Pricing	OI Paid Amount	Applied OI Amount	Paid Applied
1	7/30/2014 12:00:00 AM	7/30/2014 12:00:00 AM	RG003	\$159.09	\$140.57	\$0.00	\$0.00	\$18.52

## CSI Search: Lookup Managed Care Claim by MCO ICN

Providers can use an MCOs ICN to search for claims that have been forwarded to MCOs. The ICN is assigned by the MCO that accepted the claim.

- 1) In the Transaction Number field enter the **MCO ICN** of the claim you are searching for, choose MCO ICN from the Transaction Number Type drop down-box. Because multiple MCOs may have similar ICN numbering strategies, you must choose the appropriate Payer Name from the drop-down box, and then click the “Lookup” button.

**Lookup Managed Care Claim by Transaction Number**

Transaction Number \*

Transaction Number Type \*

MCO ICN ▼

Payer Name \*

Select

Amerigroup Long Term Support

Cigna Long Term Care

Molina Long Term Care

Superior Nursing Facility

United Healthcare Long Term Care

- 2) The MCO CSI Search Details page will display and auto populate with the MCO ICN in the Claim Information section. This MCO CSI Search Details screen will be identical to the one that is generated when searching using an ETN or clicking the hyperlink from the Batch History screen.

TMHP will assign an Explanation of Benefits (EOB) Code that is specific to that MCO. A description of that EOB and the telephone number of the MCO will be listed next to the EOB Code.

The last section on the screen, the Detail Service Line, will list information such as the Billing Code and in the Informational Pricing column (how TMHP would have priced the claim if processed as FFS for Nursing Facility Daily Care (Service Group 1, Service Code 1) and Medicare Coinsurance (Service Code 3).

### MCO CSI Search Details

[New Lookup](#)
[Return To List](#)

Claim Information	
TMHP EDI Trans No	
Status	Accepted
Status Date	12/4/2014 10:48:02 AM
MCO Name	
MCO Phone No	
MCO ICN	

The following are the descriptions of the EOB (Explanation of Benefits) / EOPS (Explanation of Pending Status) codes that appear on this claim:

EOB / EOPS codes messages	
EOB Code	EOB Description
01745	has been identified as the Medicaid Managed Care Organization that will process this claim. They can be reached at for questions about processing of this claim.
JAH001AC	EOB from MCO for Accepted Claim.

This claim has been accepted to Amerigroup Long Term Support for processing. Contact Amerigroup Long Term Support at 800-454-3730 for questions related to this claim.

The following data is for informational purposes. For actual payments please contact the MCO.

Dtl No	Service Begin Date	Service End Date	Billing Code	Billed Amount	Informational Pricing	OI Paid Amount	Applied OI Amount	Paid Applied
1	7/30/2014 12:00:00 AM	7/30/2014 12:00:00 AM	RG003	\$159.09	\$0.00	\$0.00	\$0.00	\$169.35

# Adjustments

## Creating an Adjustment for a Fee-For-Service Claim

An adjustment is a change made to a previously paid claim. Adjustments reimburse the Department of Aging and Disability Services (DADS) for overpayments and to reimburse providers if units were underbilled and must be paid correctly. Only claims that are set to status *Paid* can be adjusted using TexMedConnect. If you submit an Adjustment, you must return the amount that you were paid, not the amount that was billed.

---

**NOTE:** Providers must contact managed care organizations (MCO) directly to make adjustments.

---

- 1) To make an adjustment on a Fee-For-Service claim, click the **Adjustments** link under the CSI section on the navigation panel.



- 2) Enter the claim number, and click the “Lookup” button.

## Adjustment

To proceed, please search for the claim to be adjusted

### Lookup Fee For Service Claim by Claim Request

Claim Number:  Format: 15 digits with no spaces

### Lookup Fee For Service Claim by Client Claim Request

Provider NPI/API:

Service Begin Date:   Format: mm/dd/ccyy

Service End Date:   Format: mm/dd/ccyy

**Select the appropriate Request Type**

☒ Client ☐ Trainee

**Client Information**

Medicaid No.

Last Name

First Name

M.I.

Suffix

### Lookup Managed Care Claim by Transaction Number

Transaction Number

Transaction Number Type

- 3) If you do not know the claim number, you can search for the claim using the individual's information. Enter the required information, and click the "Search" button.
  - The date range must be no more than three months long.
  - You must enter both a Service Begin Date and a Service End Date.
  - The Service Begin Date cannot be more than 36 months before the current date.
  - You must complete all of the fields that are indicated by a red dot.

### Lookup Fee For Service Claim by Client Claim Request

Provider NPI/API: ●  ▼

Service Begin Date: ●  Format: mm/dd/ccyy

Service End Date: ●  Format: mm/dd/ccyy

**Select the appropriate Request Type**

☒ Client    ☐ Trainee

**Client Information**

Medicaid No. ●

Last Name ●

First Name ●

M.I.

Suffix

- 4) Click on the claim number to display the claim information.

CSI Search Results

[New Lookup](#)

[Return with Search Criteria](#)

Search Criteria

NPI/ Contract No.

1234567890

Dates of Service

11/1/2012 - 12/31/2012

Client No./Trainee SSN

0123456789

Search Results

Service Dates		Client Information		Claim Information		Status	Billed Amt	Paid Amt
From	To	Name	Client No. / Trainee SSN #	Claim Number				
11/2/2012	11/2/2012	JOHN DOE	0123456789	000000123456789		P	\$218.60	\$175.00
11/16/2012	11/16/2012	JOHN DOE	0123456789	1234567890000000		P	\$3,324.75	\$3,324.75
11/29/2012	11/29/2012	JOHN DOE	0123456789	000123456789000		P	\$152.75	\$152.75
12/10/2012	12/10/2012	JOHN DOE	0123456789	000001234567890		PZ	\$0.00	\$0.00



- 5) Choose the appropriate Claim Type from the drop-down box, and click the “Adjust Claim” button.

**Select the appropriate Claim Type for this Claim to Adjust**

Claim Type: Unknown Adjust Claim

Claim Information		Client Information	
Claim No.	000000123456789	Client/Medicaid No./Trainee SSN	0123456789
Dates of Service	9/3/2012 - 9/6/2012	Name	JOHN DOE
Status	P	Gender	M
Effective Date	12/7/2012	Date of Birth	10/11/1949
Service Group	1	Patient Account No.	
Warrant Number	10005	Medical Record No.	
		Referral No.	

Financial Information		Provider Information	
Total Billed Amount	\$175.00	Provider NPI/API	1234567890
Total Paid Amount	\$218.60	Provider Name	REGIONAL MEDICAL CENTER
Total Applied Other Insurance Amount	\$60.00	Medicare Patient Days %	0
Budget Number		Private Patient Days %	0
		Medicaid Patient Days %	0

DTL No	Detail Status	Service Begin	Service End	Billing Code	Billed Amount	Paid Amount	OI Paid Amount	Applied OI Amount	Billed Unit
1	P	9/3/2012	9/3/2012	R0002	\$65.00	\$109.30	\$30.00	\$30.00	1.00

- 6) Verify that all of the required fields that are indicated by a red dot are populated for each tab.
- 7) *Client Tab.* Verify that the information is correct and that there is a referral number on the claim.

**Claim Submission - Step 2**

Claim Type	Client	Provider	Status	Claim No.
Professional	JOHN DOE	1234567890 / 00000000	New	

**Client** | Provider | Claim | Details | Other Insurance / Finish

**Client Identification Numbers**

Client ID: 0123456789 Patient Account No.: Medical Record No.:

**Name and Address**

First Name: JOHN Last Name: DOE MI: Suffix: Street Address: 123456 MAIN AVE Street Address 2: City: ANY TOWN State: TX Zip: 12345-6789

**Client General Information**

Gender: Male Date Of Birth: 10/11/1949 Referral No.: 0000000123

Save Draft Save Template Save To Group Prev Next Finish

- 8) *Provider Tab*. Choose the ID qualifier from the ID Qual drop-down box and enter the Other ID number in the Other ID field.

**Claim Submission - Step 2**

Claim Type	Client	Provider	Status	Claim No.
Professional	JOHN DOE	1234567890 / 00000000	New	

**Client** **Provider** **Claim** **Details** **Other Insurance / Finish**

**Billing Provider**  
 NPI: 1234567890  
 Name: REGIONAL MEDICAL CENTER  
 Address: 1234567 FIRST STREET, ANY TOWN, TX 01234-5678  
 NPI/API: 1234567890

Contact Name:   
 Contact Phone:   
 ID Qual:   
 Other ID:

**Performing Provider**  
 NPI/API: 0123456789  
 First Name: FRANK  
 Last Name: SMITH  
 MI:   
 Suffix:

Save Draft Save Template Save To Group Prev Next Finish

- 9) *Claim Tab*. Choose a Claim File Indicator Code from the drop-down box. Choose a Place of Service from the drop-down box. Professional claims do not require a diagnosis code, but institutional claims do.

**Claim Submission - Step 2**

Claim Type	Client	Provider	Status	Claim No.
Professional	JOHN DOE	1234567890 / 00000000	New	

**Client** **Provider** **Claim** **Details** **Other Insurance / Finish**

**Claim**  
 Claim File Indicator Code:   
 Place of Service:

**Diagnosis**  
 Add New Diagnosis  

Code	Description

Save Draft Save Template Save To Group Prev Next Finish

- 10) **Details Tab.** On the details tab, the system will auto populate the negative row(s) with the data that was initially paid on the initial claim. The fields Unit, Unit Rate, and Line Item Total will be auto populated and read only. The fields OI and AI/Co-Pay on the negative row(s) will always be auto populated with 0. The user will not attempt to modify these fields on the negative row(s). If the initial claim to be adjusted had multiple details, all the claim detail rows will show up as negative line details. If the provider does not wish to adjust all the rows on the initial claim, they will delete the rows they do not wish to adjust by using the Delete button on the right side of the row. The line item total will be in parentheses. If the adjustment is to return the entire amount of the claim, there is no need to click the “Add New Details Row(s)” button.

Claim Submission - Step 2

Claim Type	Client	Provider	Status	Claim No.
Institutional			Adjustment	

Client Provider Claim **Details** Other Insurance / Finish

Number of details to add: 1 Add New Details Row(s) Copy Row

Line Item Control	Service Dates		Procedure Code	Units				Unit Rate	Line Item Tot	Applied Income	Rev Code	OI Paid Amount	Attending Provider				Delete		
	Start	End		Qualifier	Code	1	2						3	4	NP1/API	First Name		Last Name	MI
1	10/1/2012	10/1/2012						-1.00	\$92.83	(\$92.83)	\$0.00	0100	\$0.00						Delete

☐ Co-Pay  
☒ Applied Income  
 Claim Total: (\$92.83)  
 Total Applied Income: \$0.00  
 Total Other Insurance: \$0.00  
 (from Details Tab)  
 Total Other Insurance:  
 (from Other Insurance/Finish Tab)

Save Draft Save Template Save To Group Prev Next Finish

- 11) To bill positive units for the same adjusted claim, click the “Add New Details Row(s)” button. On the new row, you will add the dates of service and the accurate number of units that are to be paid. After the rate is entered, tab over to the Applied Income field. The Applied Income or Co-Pay will be calculated automatically. At the bottom left of the screen, the Claim Total and the Total Applied Income or Co-Pay that was deducted from the positive line will display. The provider will also fill in the OI field on the positive line (if applicable).

Claim Submission - Step 2

Claim Type	Client	Provider	Status	Claim No.
Institutional			Adjustment	

Client Provider Claim **Details** Other Insurance / Finish

Number of details to add: 1 Add New Details Row(s) Copy Row

Line Item Control	Service Dates		Procedure Code	Units				Unit Rate	Line Item Tot	Applied Income	Rev Code	OI Paid Amount	Attending Provider				Delete	
	Start	End		Qualifier	Code	1	2						3	4	NP1/API	First Name		Last Name
1	10/1/2012	10/1/2012						-1.00	\$92.83	(\$92.83)	\$0.00	0100	\$0.00					Delete
2	10/1/2012	10/1/2012						11.00	\$92.83	\$504.16	\$456.97	0100	\$0.00					Delete

☐ Co-Pay  
☒ Applied Income  
 Claim Total: \$491.33  
 Total Applied Income: \$456.97  
 Total Other Insurance: \$0.00  
 (from Details Tab)  
 Total Other Insurance:  
 (from Other Insurance/Finish Tab)

Save Draft Save Template Save To Group Prev Next Finish

# Saving and Submitting an Adjustment

All adjustments must be submitted as batches.

- 1) To save a Professional or Dental claim adjustment as a batch click the “Finish” tab, click the “Save to Batch” radio button, check the “We Agree” box, and click the “Finish” button in the lower, right corner.

- 2) **For Institutional Claims**, check the box under Attestation, click the “Save to Batch” radio button, check the “We Agree” box, and then click the “Finish” button.

**Note:** For claims in Service Group 1, 6, and 8, the OI Paid Amount entered in the Details tab will have to equal the OI Paid Amount in the Other Insurance/Finish Tab.

Refer to the Submitting a Batch section of this User Guide for information about submitting batches.

# Remittance and Status (R&S) Reports

R&S Reports are generated on Mondays and cover the claims that were processed the previous week.

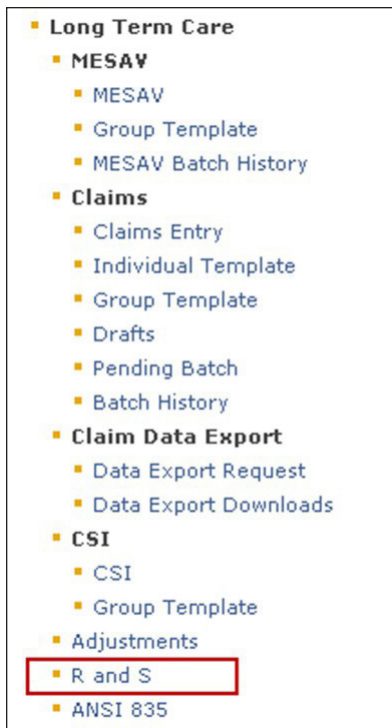
The R&S function on the left navigation panel has two options:

- **PDF:** Displays the R&S in a PDF version of the paper R&S.
- **ANSI 835:** Allows you to download the American National Standards Institute (ANSI) 835 version of the R&S Report. This file is for providers who use third-party billing software or third-party billing agents.

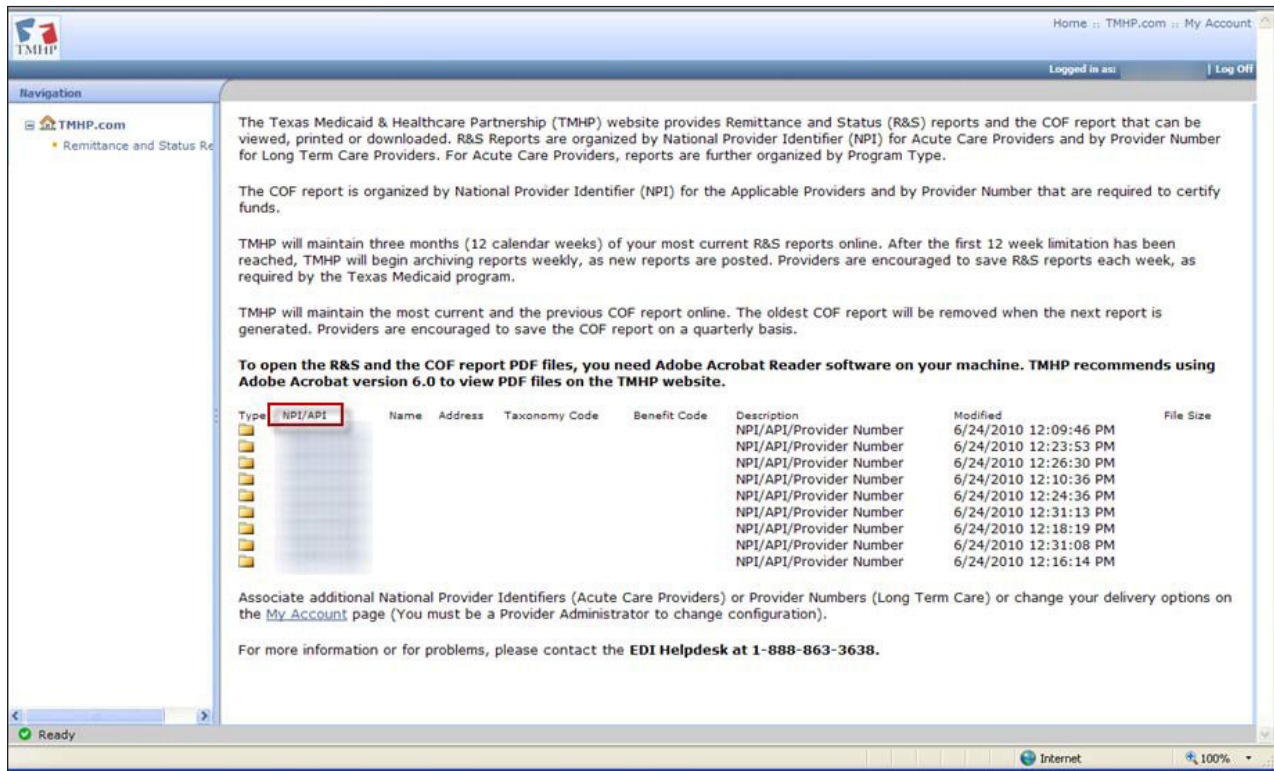
## Viewing the PDF Version

To view the PDF version of the R&S Report:

- 1) Click the **R and S** link on the left navigation panel.



- 2) Click the NPI/API number to view the R&S Report.



The Texas Medicaid & Healthcare Partnership (TMHP) website provides Remittance and Status (R&S) reports and the COF report that can be viewed, printed or downloaded. R&S Reports are organized by National Provider Identifier (NPI) for Acute Care Providers and by Provider Number for Long Term Care Providers. For Acute Care Providers, reports are further organized by Program Type.

The COF report is organized by National Provider Identifier (NPI) for the Applicable Providers and by Provider Number that are required to certify funds.

TMHP will maintain three months (12 calendar weeks) of your most current R&S reports online. After the first 12 week limitation has been reached, TMHP will begin archiving reports weekly, as new reports are posted. Providers are encouraged to save R&S reports each week, as required by the Texas Medicaid program.

TMHP will maintain the most current and the previous COF report online. The oldest COF report will be removed when the next report is generated. Providers are encouraged to save the COF report on a quarterly basis.

**To open the R&S and the COF report PDF files, you need Adobe Acrobat Reader software on your machine. TMHP recommends using Adobe Acrobat version 6.0 to view PDF files on the TMHP website.**

Type	Name	Address	Taxonomy Code	Benefit Code	Description	Modified	File Size
NPI/API					NPI/API/Provider Number	6/24/2010 12:09:46 PM	
NPI/API					NPI/API/Provider Number	6/24/2010 12:23:53 PM	
NPI/API					NPI/API/Provider Number	6/24/2010 12:26:30 PM	
NPI/API					NPI/API/Provider Number	6/24/2010 12:10:36 PM	
NPI/API					NPI/API/Provider Number	6/24/2010 12:24:36 PM	
NPI/API					NPI/API/Provider Number	6/24/2010 12:31:13 PM	
NPI/API					NPI/API/Provider Number	6/24/2010 12:18:19 PM	
NPI/API					NPI/API/Provider Number	6/24/2010 12:31:08 PM	
NPI/API					NPI/API/Provider Number	6/24/2010 12:16:14 PM	

Associate additional National Provider Identifiers (Acute Care Providers) or Provider Numbers (Long Term Care) or change your delivery options on the [My Account](#) page (You must be a Provider Administrator to change configuration).

For more information or for problems, please contact the **EDI Helpdesk at 1-888-863-3638**.

## Downloading the ANSI 835 Version

You can access the 835 non-pending Electronic Remittance and Status (ER&S) Report and the pending ER&S Report through TexMedConnect.

To download the ANSI 835 version of the R&S Report, follow these steps:

- 1) Click the **ANSI 835** link on the left navigation panel.





- 2) Enter your Submitter ID and Password, and click the “Download” button. If you do not know your Submitter ID and Password, contact the EDI Helpdesk at 1-888-863-3638, from 7:00 a.m. to 7:00 p.m., Monday through Friday.

Home :: TMHP.com :: My Account

Log Off

**Navigation**

- TexMedConnect
  - Acute Care
    - Eligibility
      - Client Group List
      - EV Batch History
    - Claims
      - Claims Entry
      - Individual Template
      - Draft
      - Pending Batch
      - Batch History
    - CSI
    - R&S
    - Appeals
    - ANSI 835

## ANSI 835

**Step 1:**

- Ensure that you have a program to unzip the zip file ([Download WinZip Here](#))

**Step 2:**

- Enter your Submitter ID and Password
- Click "Download" to retrieve your files.

**Step 3:**

- IMPORTANT!** Click **SAVE** when you see the "File Download" prompt.
- Clicking **Cancel** or leaving this page prior to clicking save will cause your files to be lost.

Submitter ID:

Password:

**Example of "File Download" prompt, click Save, DO NOT click Cancel, and DO NOT leave this page prior to clicking save:**

**File Download**

Do you want to open or save this file?

Name: ansi835-8[2].28.2013.zip

Type: WinZip File

From: localhost

While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. [What's the risk?](#)

TexMedConnect Ready

- 3) Click the “Save” button and download the file to any location on your computer.

**File Download**

Do you want to open or save this file?

Name: ansi835-8[2].28.2013.zip

Type: WinZip File

From: localhost

While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. [What's the risk?](#)

**Note:** Third-party software vendors, third-party billing services, and providers who program their own software can find information about all of the requirements for EDI ANSI X12 file types in the EDI Companion Guides, which are located on the EDI page of the TMHP website at [www.tmhp.com](http://www.tmhp.com).

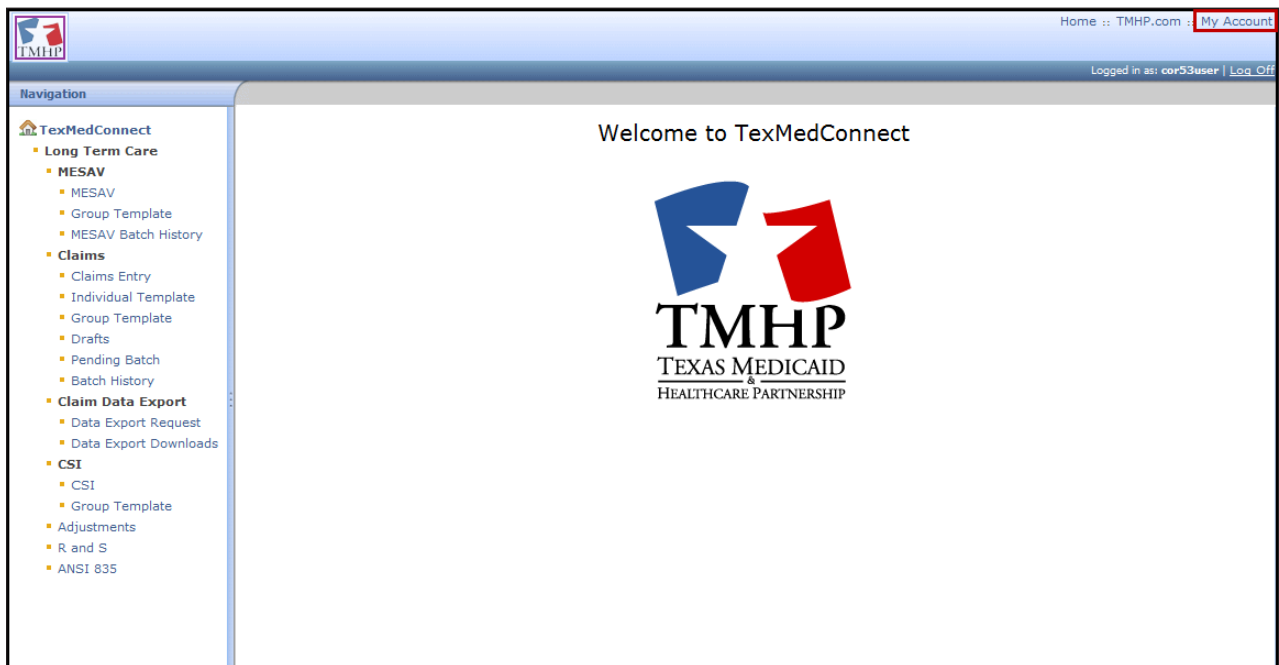


# Claims Identified for Potential Recoupment (CIPR) Reports

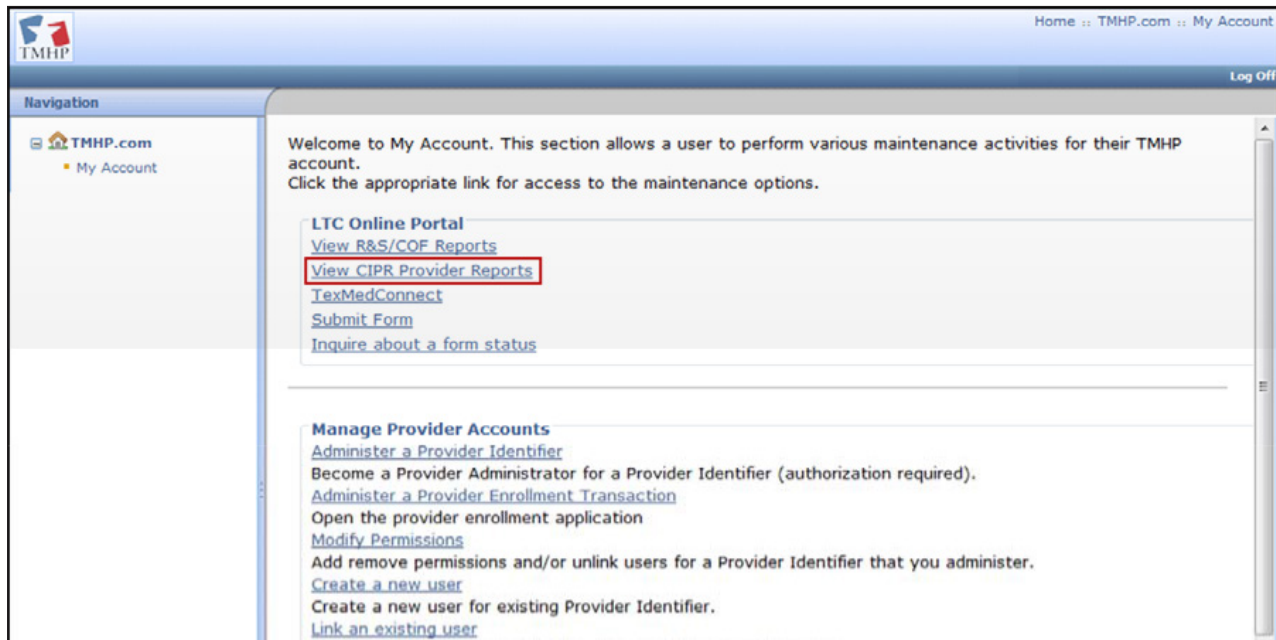
TMHP provides Claims Identified for Potential Recoupment (CIPR) Provider Reports to Long Term Care providers that can be downloaded and viewed. As TMHP becomes aware of individuals' third-party insurance policies with retroactive dates of coverage, claims previously reimbursed by Medicaid will be identified if the claim would have processed differently based on the third-party resource. The CIPR Provider Report contains this list of impacted claims, along with the insurance company information for the corresponding policy.

Reports are generated on a weekly basis, and TMHP maintains each CIPR Provider Report for a six-month period. The CIPR is available in PDF format. TMHP recommends using Adobe Acrobat® version 6.0 or higher to view PDF files on the TMHP website. If the provider believes that the other insurance information on file is incorrect, they should contact TMHP TPL at 1-800- 626-4117, Option 6.

- 1) Click the **My Account** link in the top right corner.



- 2) Click the **View CIPR Provider Report** link.



- 3) Click the NPI/API to view the CIPR Report.

List of NPI/API		
NPI/API	Contract Number	Name
<a href="#">0000012345</a>	000000012	REGIONAL MEDICAL CENTER
<a href="#">0000045678</a>	000000001	CITY HEALTH CENTER
<a href="#">0000098765</a>	110000000	COUNTY CLINIC
<a href="#">0000023456</a>	220000000	EMERGENCY CARE FACILITY

- 4) Click on a File Name hyperlink to view CIPR Provider Reports. Click the Date Created column heading to sort.

<b>NPI: 0000012345</b> <b>Contract Number: 0000000012</b> <b>Name: REGIONAL MEDICAL CENTER</b>		
File Name	Date Created	File Size
<a href="#">000000012-CIPR-20121220.pdf</a>	12/20/2012	5 KB
<a href="#">000000012-CIPR-20130103.pdf</a>	01/03/2013	5 KB
<a href="#">Return to NPI list page</a>		





**A STATE MEDICAID CONTRACTOR**

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The *TexMedConnect Long Term Care User Guide* is produced by TMHP Training Services. Contents are current as of the time of publishing and subject to change. Providers should always refer to the TMHP and DADS websites for current and authoritative information.